



# 3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency

Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

## GENERAL

### Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed throughout the 3-5 year strategic planning period.

3-5 Year Strategic Plan Executive Summary:

## CONSOLIDATED PLAN 2005-2009

### EXECUTIVE SUMMARY

The 2005-2009 Consolidated Plan for the Erie County Consortium and Town of Hamburg Community Development Block Grant, Emergency Shelter Grant, and HOME Investment Partnership Programs includes a clear strategy for addressing the various housing, economic development, and community development needs within the HOME and CD Consortium. Reference should be made to Maps 1 and 2 for an illustration of those municipalities comprising each Consortium.

This Executive Summary is organized to reflect a microcosm of the Five-Year Plan and the One-Year Action Plan. The reader is able to obtain quick information concerning the priority needs, specific objectives, annual goals, and new projects/initiatives anticipated in the Year 2005. In addition, Figure 1, at the end of this section, provides a tabular summary of housing and community development objectives.

#### 1. HOUSING AND HOMELESS

- a. Needs: Of the 139,000 households in the Erie County HOME Consortium, 27 percent or 37,800 owner and renter households have housing problems which may include living in substandard housing, paying a high percentage of the household's income for housing expenses and/or residing in overcrowded housing according to the 2000 Census. Among renters, the proportion is 36 percent or 10,895 households. All income categories and household types are affected by housing problems, with cost burden being the housing problem experienced by the most households. The number of households with housing problems dropped in number as household incomes went up.

On any given night, some 2,200 Erie County residents live on the street, stay in emergency shelters, or utilize transitional or permanent housing programs. Many more low-income individuals and families stay with friends, relatives, and acquaintances, or live in substandard housing. Through its annual data collections, the Erie County Commission on Homeless, Erie County has identified five priority homeless need areas. These include the following:

- Special supportive services and housing options are needed for difficult-to-serve homeless individuals. These clients may not be eligible for or interested in traditional services. As a result, it is important to utilize innovative service delivery and “housing first” permanent housing models to ensure that these individuals have their basic needs met.
  - Homeless service providers have identified increases in the number and diversity of homeless families. Programs must have greater flexibility and housing placement options available to all family types. Beyond this, programs should also make special outreach efforts to prevent family homelessness. Connections with outreach services and government benefits programs may be helpful in these efforts.
  - Because many homeless clients are dealing with substance abuse, mental illness, and domestic violence issues, additional services are in order to assist individuals as they work toward self-sufficiency. These resources should be easy-to-access and must include extensive case management and independent living skills.
  - In order to increase the likelihood of a successful reintegration into the community, homeless individuals need educational and vocational training that will enable them to gain employment. Likewise, they need specific skills that will enable them to make a reasonable income and to maintain their household. Supplements including low-cost medical insurance, childcare, transportation, and utility assistance can provide further assistance to homeless families.
  - The importance of mainstream resources cannot be understated. By utilizing supports from federal, state, and local government, homeless persons can prevent the movement into homelessness or begin the transition back to self-sufficient living.
- b. Specific Objectives: Reference should be made to Tables 1C and 2C for a listing of the specific objectives and annual goals for the homeless and housing categories respectively.
- c. Year 2005 Highlights: Over the coming twelve-month period, the Erie County Department of Environment and Planning will continue operating the popular owner-occupied housing rehabilitation program, rental rehabilitation, and first time home buyer efforts. In addition, the following will be pursued:
- Emergency Shelter Grant (ESG) funds will be made available for Cazenovia Recovery Systems, Inc. to renovate their kitchen facilities at

the Turning Point House in the Town of Eden that serves homeless men with substance abuse problems.

- Establishment of two target neighborhood strategy areas in the Cities of Lackawanna and Tonawanda where housing dollars will be channeled to eligible households. The location of each area is noted on Map 3. It is the intent to concentrate housing rehab efforts in these older neighborhoods to create more of an immediate impact on quality of life, affordability, and visual improvement for individuals residing in the area.
- A new non-profit housing fund has been established in the HOME program. This responds to a growing need for gap financing of senior housing or low-income family housing projects being undertaken by non-profit developers. The latter not being able to qualify under the CHDO program.
- Full implementation of a new wait list policy for the housing rehabilitation program. Criteria such as age of house, target area location, income factors, and others will determine placement of an application on the list. This will insure that the households having significant housing need and income problems are the primary beneficiaries of program monies.

## **2. COMMUNITY DEVELOPMENT**

- a. Needs: The urban county is faced with a unique and difficult challenge of addressing special revitalization needs in three diverse types of areas: (1) the traditional older "city" neighborhood as found in such municipalities as the City of Lackawanna, and the Villages of Depew and Lancaster; (2) the "suburban" neighborhood, usually consisting of earlier scattered development mixed with one or more subdivisions built during the period 1920 to 1950, examples of which are found in the Towns of West Seneca, Hamburg, Orchard Park, Lancaster, and the older Villages of Alden, Angola, North Collins, Springville, and Akron; and (3) the "rural hamlet", the residential and commercial activity centers found in the rural-agricultural areas of the urban county such as Eden, Boston, Holland, Wales Center, Sardinia, and Collins.

Each area has its own set of characteristic community development needs which are related to maintaining its viability and upgrading its public facilities, the essence of its living environment:

- (1) City neighborhood needs in Erie County
- (a) Aging and inadequate infrastructure.
  - (b) Deteriorating residential areas containing housing with code violations and scattered instances of blight.
  - (c) Declining commercial facilities in the neighborhood, empty stores and lack of local employment opportunities especially for low- and moderate-income persons and minorities.

- (2) Suburban neighborhood needs in Erie County
- (a) Aging and inadequate infrastructure which, in some cases, was poorly designed and constructed by developers and in other instances non-existent (e.g. the use of septic systems for sanitary waste disposal avoided the need for sewers; private wells supplying water rather than a water distribution system).
  - (b) Erie County has a relatively flat topography, a normally high water table, and a large number of streams and rivers which flow into Lake Erie. These factors combine to make storm drainage a major problem in the urban county, particularly for developed areas and those in transition.
  - (c) Some older suburban housing and subdivisions hastily built during wartime and in the post-World War II home building boom are in need of rehabilitation.
  - (d) Inadequate streets, some with poor drainage or base, and sidewalks, in poor surface condition or non-existent, create safety hazards for automobiles, bicyclists and pedestrians, especially for elderly and handicapped and young children in "Suburban Neighborhoods" of the urban county.
  - (e) Community facilities such as fire substations, community and senior centers, and park and recreation areas are inadequate in terms of both size and condition. Some centers and recreation facilities cannot easily accommodate handicapped individuals or elderly persons with physical impairments.
  - (f) Nearby commercial areas which service these neighborhoods need public improvements to keep them strong and competitive with larger but distant shopping facilities.
  - (g) The need for continuous updates to comprehensive plans as well as targeted neighborhood plans is a major challenge for Consortium municipalities.
- (3) Rural hamlet needs in Erie County
- (a) Inadequate infrastructure, usually as a result of age, usage, or some unforeseen impact such as increased traffic and enlarged highways, pollution of ground water supplies or similar environmental or physical conditions.
  - (b) Poor surface conditions on roads which were designed for farm use and now accommodate automobiles and trucks.
  - (c) The decline of some rural agricultural institutions such as The Grange and the mixing of "Urban Settlers" with the independent rural farm families of the urban county has resulted in a need for more community-oriented facilities like small parks and community centers.

- (d) There is a need for rural transportation service to improve access to public services.
  - (e) The trend toward larger farms has resulted in fewer full-time farming households in rural Erie County. This decline has affected the rural hamlets' commercial business economy (e.g., seed store, hardware, grain storage), forcing some to close while other new businesses, not totally dependent on agriculture, develop. Abandoned or under-used buildings need to be renovated or demolished.
- b. Specific objectives: Reference should be made to Table 2C for a listing of the specific objectives and annual goals for the community development category.
- c. Year 2005 Highlights:
  - (1) Nineteen (19) community projects will be funded this year. The total federal funding amount for this category is \$1,693,263.
  - (2) An emphasis in 2005 will again be on infrastructure improvements within low/moderate-income areas. Sidewalk replacement, water/sewer work, and street improvements are typical undertakings.
  - (3) The Rural Transit Service (RTS) Program is now operating within 25 of the 34 Consortium municipalities. It remains a popular and successful human service for low/moderate income residents, as well as senior citizens. In 2005 RTS will receive \$204,651 in federal block grant assistance.

### 3. ECONOMIC DEVELOPMENT

- a. Needs: The primary goal of economic development is the expansion of economic opportunities that will protect existing jobs, and facilitate the creation of new jobs. The County needs to strengthen and attract commercial industries as well as retain the manufacturing sector that has been shrinking, in order to retain and create low- and moderate-income jobs. Therefore, economic development needs can be divided into four categories: infrastructure development, brownfield redevelopment, project planning and business development.

Economic Development planning is crucial to maximizing the effectiveness and completion of future site development projects, and in the effective delivery of business assistance. Site development through infrastructure and brownfield redevelopment is the means to provide increased economic opportunities. Business Development through direct technical and business assistance are the catalyst for the retention and creation of new jobs.

Site development includes infrastructure (such as road extensions and water and sewer upgrades), new modern building space, redevelopment of older industrial areas, preservation of transportation facilities and corridors, and

quality-of-life projects which are crucial for the development of livable and sustainable communities.

Business development includes the provision of investment capital, and the support and technical assistance that are necessary to help entrepreneurs and small businesses grow and expand.

b. Specific Objectives: Reference should be made to Table 2C for a listing of the objectives and annual goals for the economic development category.

c. Year 2005 Highlights:

(1) The economic development programs carried out in previous years will continue in the Year 2005. The following lists the programs and their funding amount (entitlement and program income).

— Economic Development: Infrastructure	—	\$482,363
— Economic Development: Planning	—	\$17,887
— Brownfield Site Preparation	—	\$468,369
— Erie County Industrial Development Agency (ECIDA)		
Regional Development Corp. Loans	—	\$185,000
Business Development Fund	—	\$ 92,000
— Lackawanna Community Development Corporation		
Small Business Loan Program (new program income)	—	\$7,044

#### **4. YEAR 2005 BUDGET AND FUNDING SOURCES**

The Year 2005 Budget is reflected in Figure 2. Total funding for the Annual Action Plan Component is \$8,274,049.

**Figure 1**

**Summary of Specific Housing/ CD/ Economic Development Objectives-Annual Goals**

<b>Objective</b>	
<b>COMMUNITY DEVELOPMENT</b>	
<b>CD-1 <u>Infrastructure</u>:</b>	Provide appropriate infrastructure service in a manner that maximizes quality and quantity and is protective of the County's natural resources.
CD- 1.1	Improve sewer, water service to targeted low-income neighborhoods. (Annual Goal: 25 people)
CD- 1.2	Improve sidewalks for pedestrian safety in targeted low-income neighborhoods. (25 people)
CD- 1.3	Improve bicycle and vehicular access to areas of employment, recreation, and commercial activity located in targeted low-income neighborhoods. (25 people)
CD- 1.4	Improve storm drainage/flood protection facilities, targeted low-income neighborhoods. (10 people)
<b>CD-2 <u>Public Facilities</u>:</b>	Improve existing and expand where necessary, public facilities that respond to community needs.
CD- 2.1	Construct, expand, or improve community centers, libraries, and youth centers that serve the low/moderate income population. (2 facilities)
CD- 2.2	Develop, expand, and rehabilitate park, recreation, and open space facilities that serve low/moderate income residents. (1 facility)
CD- 2.3	Commercial Center Improvement initiatives in targeted village/hamlet centers. (1 commercial center)
CD- 2.4	Expansion and improvement to senior center facilities. (1 senior center)
<b>CD-3 <u>Public Services</u>:</b>	Support public services needed for quality of life activities.
CD- 3.1	Provide senior service program enhancements such as day care, health and nutrition, employment, supportive housing, and transportation. (600 people)
CD- 3.2	Provide gap filling support services that support community revitalization and enhance the quality of life for low/moderate income residents. (1,100 people)
<b>CD-4 <u>Planning</u>:</b>	Plan for the orderly growth and revitalization of the Consortium area.
CD- 4.1	Provide technical assistance and funding for the preparation of plans that direct the area's growth in housing, community development and economic development. (1 plan)
<b>CD-5 <u>Administration</u>:</b>	Administer the CDBG, HOME, and ESG Programs in a timely, efficient manner.
CD- 5.1	Prepare all federally required reports in a timely and efficient manner. (2 reports)
<b>ECONOMIC DEVELOPMENT</b>	
<b>ED-1 <u>Infrastructure Development</u>:</b>	Provide roads, road extensions, water, sewers and others services (i.e. incubator buildings) to industrial, commercial and business sites.

ED-1.1	Look for new opportunities to fund, or participate in funding of infrastructure enhancements to create employment opportunities (1 development site)
<b>ED-2</b>	<b><u>Brownfield Redevelopment</u></b> : Redevelop older industrial areas to create economic opportunities in urban areas.
ED-2.1	Look for new opportunities to provide technical assistance and funding for redevelopment of older urbanized areas that need additional assistance to succeed. (1 development site)
<b>ED-3</b>	<b><u>Economic Development Planning</u></b> : Conduct studies to identify prospective greenfield and brownfield sites to bring increased economic opportunities.
ED-3.1	Provide technical assistance and funds for the preparation of studies. (1 study)



Figure 1 (continued)

## Summary of Specific Housing/ CD/ Economic Development Objectives- Annual Goals

<b>ED-4</b>	<b><u>Business Development:</u></b> Continue to provide technical assistance and investment capital through business loan funds to assist businesses in preserving and creating new economic opportunities.
ED-4.1	Continue to assist businesses through Business Development and Regional Development Corporation loan funds. (5 jobs)
ED-4.2	Develop and implement Microenterprise Loan fund to assist microenterprise businesses and to complement the Village Center Revitalization program and/or the Commercial Center Improvement program. (3 businesses)
ED-4.3	Continue to provide technical assistance and counseling through business assistance directories and company site visits. (5 businesses)
<b>HOUSING</b>	
<b>H-1</b>	<b><u>Neighborhood Revitalization:</u></b> Improve housing conditions in target neighborhoods.
H-1.1	Provide low interest loans to eligible property owners (City of Lackawanna First Ward neighborhood: 9 households; City of Tonawanda target neighborhoods: 9 households)
H-1.2	Provide grants to low income mobile home owners living in urban area mobile home parks and having a housing condition problem. (8 mobile homes)
H-1.3	Rehabilitate rental units in target neighborhoods by providing low interest loans to owners of rental units (City of Lackawanna First Ward neighborhood: 5 rental units; City of Tonawanda target neighborhoods: 2 rental units).
<b>H-2</b>	<b><u>Rural Housing:</u></b> Improve the living conditions of isolated rural families.
H-2.1	Provide low interest loans to eligible property owners for housing improvements. (30 homes)
H-2.2	Provide grants to low income mobile home owners living in rural mobile home parks and having a housing condition problem. (5 mobile homes)
<b>H-3</b>	<b><u>Developed Area Housing:</u></b> Improve the living conditions of families located in non- target areas within the developed areas of the Consortium.
H-3.1	Provide low interest loans to eligible property owners for housing improvements. (30 homes)
H-3.2	Provide low interest loans to eligible property owners for housing improvements. (20 households)
<b>H-4</b>	<b><u>Special Purpose Housing:</u></b> Provide a suitable living environment where residents reside in a safe and secure residential unit.
H-4.1	Establish a quick response repair program that is targeted to low-income households experiencing immediate housing problems. (10 units)
H-4.2	Provide mechanism for handicapped individuals to improve mobility within their homes. (5 units)
<b>H-5</b>	<b><u>Affordable Housing:</u></b> Provide healthy residential opportunities for low- and moderate-income households that are affordable.
H-5.1	Undertake a utility connection program that provides a funding mechanism for households to tie into new infrastructure lines, insuring the affordability of this public improvement. (5 units)

- H-5.2 Provide first time homebuyers a program to address their closing cost, principal reduction, down payment assistance, and interest rate buydown needs. (50 households)
- H-5.3 Provide financial resources to Community Housing Development Corporations that seek to develop rental housing for the low-income population. (11 senior and 5 family units)

**Figure 2**

**2005 Year - Consolidated Budget**

#	PROJECT	Home	ADDI	Admin	ESG	omm Proj	Econ Dev	Housing	Future	Prior Funds	Other Funds	TOTAL
1	CDBG5 Program – Administration			705,258								\$ 705,258
2	CP5- ADA Improvements to Municipal Buildings- T. Clarence					1,641				43,359	24,209	69,209
3	CP5- Allen Street Reconstruction- T. Orchard Park					84,509				5,491	62,500	152,500
4	CP5- Dorr Street Reconstruction- T. West Seneca					90,000					40,000	130,000
5	CP5- Elmwood Street Paving and Drainage- T. Evans					90,000					47,000	137,000
6	CP5- Farnham Park- V. Farnham					90,000					66,893	156,893
7	CP5- Gates Ave and Church Streets Improvement- C. Lackawanna					90,000					113,250	203,250
8	CP5- Golden Age Center Improvements- T. Grand Island					90,000					35,570	125,570
9	CP5- Lancaster Town Hall ADA Improvements- T. Lancaster					90,000					38,494	128,494
10	CP5- Loretta Street Reconstruction- C. Tonawanda					88,862					4,660	93,522
11	CP5- Main Street Sewer-Phase 2- V. Depew					90,000					51,145	141,145
12	CP5- Mechanic Street Reconstruction- V. Alden					90,000					429,623	519,623
13	CP5- Modern Ave Pavement Replacement- C. Lackawanna					90,000					90,855	180,855
14	CP5- Muskingum Street Sewer – V. Depew					90,000					51,676	141,676
15	CP5- Rural Transit Service- Rural Transit Service Inc.					204,651					502,908	707,559
16	CP5- Seneca Rd Paving and Drainage- T. Evans					61,000					26,000	87,000

**Figure 2- continued**

#	PROJECT	Home	ADDI	Admin	ESG	Comm Proj	Econ Dev	Housing	Future	Prior Funds	Other Funds	TOTAL
17	CP5- Senior Center Improvements- T.					90,000					210,000	300,000

	West Seneca											
18	CP5- Senior Center Van- T. West Seneca				25,000							25,000
19	CP5- Streetscape Four Corners- T. Brant				33,750					11,250		45,000
20	CP5- SYI Pool – T. Concord				90,000					61,100		151,100
21	CP5- West Drullard Playground Improvements- V. Lancaster				90,000					36,216		126,216
22	ED5- ECIDA- Business Development Fund							92,000				92,000
23	ED5- ECIDA-Regional Development Corporation Loans							185,000				185,000
24	ED5- Economic Development - Brownfield Site Preparation					296,766		171,603				468,369
25	ED5- Economic Development Infrastructure					310,760		171,603				482,363
26	ED5- Economic Development Planning					17,887						17,887
27	ED5- Economic Development Program Delivery					67,590						67,590
28	ESG5- Administration				6,210							6,210
29	ESG5- Cazenovia Recovery Systems- Kitchen Repair and Equip				50,000						50,000	100,000
30	ESG5- Crisis Services #1- Outreach to the Homeless				37,260						37,260	74,520
31	ESG5- Crisis Services #2- Outreach/ Prevention				30,733					3,368	34,101	68,202
32	H5- Administration- Fair Housing- Housing Opportunities Made Equal							23,299				23,299

Figure 2, continued

#	PROJECT	Home	ADDI	Admin	ESG	Comm Proj	Econ Dev	Housing	Future	Prior Funds	Other Funds	TOTAL
33	H5- CD Consortium Rehab Programs (Revolving/ Emergency )							163,272	350,000			513,272
34	H5- Housing Program Delivery							214,009				214,009
35	H5- Housing Program Delivery - Lead Testing							45,797				45,797

36	H5- Housing Support Services - Hsg Counseling - Belmont Shelter Corp.							23,975				23,975
37	H5- Lackawanna Housing Program								8,000			8,000
38	H5- West Seneca Housing Rehab Loan Program							28,650	77,000			105,650
39	HOME5- Administration	119,249										119,249
40	HOME5- CHDO Activities	178,873										178,873
41	HOME5- First Time Homebuyer - Consortium (incl program delivery)	98,739	35,289									134,028
42	HOME5- Hamburg - FTHB Existing (incl. program delivery)	147,570	6,974									154,544
43	HOME5- Housing Rehab - Consortium (incl prog. delivery cost)	464,259							75,000			539,259
44	HOME5- Non-Profit Housing Fund	48,168										48,168
45	HOME5- West Seneca Homeowner Rehab (includes program delivery)	89,437										89,437
46	LCDC5- Real Estate Development Fund- C. Lackawanna								7,044			7,044
47	LCDC5- Revolving Loan Program - C. Lackawanna								20,279			20,279
48	HOME5- CHDO – Operating	46,190										46,190
	TOTAL	1,192,485	2,263	705,258	124,203	1,669,413	693,003	499,002	1,157,529	52,218	2,024,710	8,160,084

## Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.

### Mission:

The mission of the Erie County Consortium and Town of Hamburg is to provide funding for the low to moderate income, elderly and handicapped populations located within the consortium service area. Programs and projects funded help to improve the quality of life for the disadvantaged population.

## General Questions

1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.

2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).
3. Identify any obstacles to meeting underserved needs (91.215(a)(3)).

3-5 Year Strategic Plan General Questions response:

The service area for the Erie County Town of Hamburg Consortium includes a total of 34 municipalities which includes all of Erie County with the exception of the Towns of Amherst, Cheektowaga, Tonawanda and Hamburg for the CDBG program. The total population of the consortium is 312,649, which does not include the Town of Hamburg's population of 56,259, which is a member of the HOME consortium not the CDBG consortium. There are mainly two census tracts in the consortium that have a high minority population. These two census tracts are both located in the first ward neighborhood of the City of Lackawanna. The City of Lackawanna along with the City of Tonawanda also have the highest low to moderate income populations within the consortium. There are a total of 60 income eligible block groups in all but five towns in the consortium. Projects funded in the Action Plan are spread out over this large geographic area due to numerous block groups that are income eligible for assistance. Priority for funding projects is given to those low income areas that also have a high percentage of poverty. Priority for housing rehabilitation funds are given to those communities that have the highest low income and poverty concentration. These communities included for higher housing rehabilitation priority in this five year strategic plan are the neighborhoods in the City of Lackawanna and City of Tonawanda. Funding limitations hinder the ability to fund more community development and economic development projects. The housing program has the obstacle of such a large geographic area served, which makes targeting funds and showing major progress in a specific area difficult. This was the reason for increased housing rehabilitation targeting of funds in the City's of Lackawanna and Tonawanda in this strategic plan.

## **Managing the Process (91.200 (b))**

1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.
2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.
3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.

\*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.

3-5 Year Strategic Plan Managing the Process response:

# **A. HOUSING AND COMMUNITY DEVELOPMENT**

# **STRATEGIC PLAN COORDINATING AND MANAGING THE PROCESS**

## **COORDINATING AND MANAGING THE PROCESS**

### **Lead Agency:**

The Erie County Community Development Block Grant (CDBG) Consortium is made up of 34 municipalities with diverse characteristics and needs. The Erie County Department of Environment and Planning (DEP) administers the CDBG and Emergency Shelter Grants on behalf of the Consortium communities. DEP also administers the HOME Consortium which includes the 34 municipalities and the Town of Hamburg and the two Villages contained therein. DEP was selected as the lead agency to coordinate the development of the consolidated plan. The consulting firm of H. Sicherman & Company, Inc. in conjunction with Wendel Duchscherer was engaged to assist Erie County and the Town of Hamburg prepare the Five-Year Plan.

### **Consultation and Coordination:**

The department consulted with surrounding entitlement communities, state, county and local governmental agencies and social service providers during preparation of the Consolidated Plan.

For the past five years the CDBG Consortium has used a project selection committee to oversee the allocation process for grant funds. The Project Selection Committee (PSC) consists of nine supervisors or mayors of consortium members and three DEP staff members. A Coordinating Committee is also used to guide the Department in developing and implementing the Consolidated Plan. Members of the committee represent social service providers, local banks, government and community/economic development agencies providing services to low- and moderate-income individuals and families in the Consortium communities. The Supervisor of Hamburg, three members of the Project Selection Committee and DEP also serve on the Coordinating Committee.

A Coordinating Committee membership list is included in the Citizen Participation component of this Plan.

DEP held five (5) consultation meetings to discuss community needs and agency goals and initiatives in the principal areas addressed by the Consolidated Plan. Each session was designed to focus on the following topics: decent housing, public/human services, a suitable living environment and expanded economic opportunities. Other meeting goals were to increase awareness of the programs, projects, and allocation processes for the three grants.

### **Citizen Participation (91.200 (b))**



1. Provide a summary of the citizen participation process.
2. Provide a summary of citizen comments or views on the plan.
3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.
4. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

\*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.  
3-5 Year Strategic Plan Citizen Participation response:

## **CITIZEN PARTICIPATION PROCESS**

## **CITIZEN PARTICIPATION PROCESS**

The Erie County Community Development Consortium and the Town of Hamburg are committed to increasing citizen awareness and involvement in the preparation of the Erie County CDBG, HOME and Emergency Shelter Grant Programs. Through this participation process the grantee will become more aware and sensitive to low- and moderate-income citizens' needs. It will also afford an opportunity to better inform the public of the purpose of these grants, the allocation process, and ensure that selected projects are meeting the needs of these constituents.

### **1. PARTICIPATION**

Prior to the solicitation and selection of the 2005 CD projects, a series of meetings were held. County staff met with representatives of municipalities, community based organizations and housing-related agencies to encourage citizen participation in a series of countywide public forums. The meetings were also used to inform them about the CDBG, HOME, and Emergency Shelter Grant programs, the type of projects eligible for funding, and the project selection process. Articles appeared in local and community newspapers informing the public about the county-wide forums and encouraging their participation. These forums for residents of the 37 municipalities were held on June 29<sup>th</sup> and 30<sup>th</sup>, for the purpose of receiving input from them on needs in human services, housing, community/neighborhood improvements and economic development.

Thirty-seven (37) of the municipalities advertised and held public hearings in their respective communities during June of 2004. (See sample Notice in Figure 3). Input from the above noted forums was also provided to all the Consortium members.

The Coordinating Committee, with representatives of the Erie County Community Development Consortium Project Selection Committee, Lackawanna Community Development Corp., Lackawanna Public Housing Authority, People Inc., Community Concern, Erie County Departments of Social Services, Senior Services, and Environment and Planning, and the Town of Hamburg represented by the Supervisor, reviewed the data gathered by the staff, issues and needs identified by residents, governmental agencies, and service providers along with the priorities, strategy and objectives established in the draft Five-Year Plan to address those needs.

Within the 37 municipalities in the HOME Consortium, the low- and very-low-income population is not concentrated in one identifiable area. For that reason, during 2004 there were three public forums held in areas with census tracts containing sizable populations of very- low- and low-income residents. The forums were held in the Collins library, Lackawanna library, and Depew Village Hall. Geographically these municipalities are spread out throughout the Consortium thus providing easy accessibility for residents from any area.

Most minorities living in the CD and HOME Consortium communities reside in the City of Lackawanna. One of the public forums was held in Lackawanna in a location convenient for those residents. All sites were accessible for individuals with limited mobility. Special meetings and information for non-English speaking residents were available upon request. Interpretation services were available for meetings if requested in advance.

## **Institutional Structure (91.215 (i))**

1. Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.
2. Assess the strengths and gaps in the delivery system.
3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.

3-5 Year Strategic Plan Institutional Structure response:

### **Institutional Structure:**

An urban county entitlement community poses unique challenges to successfully carry out the Consolidated Plan. Heavy reliance on member Consortium municipalities, sub-recipients, and public institutions is needed to insure that the priority needs and projects outlined in the Plan reach fruition.

In 1998 Erie County embarked on an ambitious Local Planning Initiative Program. County funds totaling \$750,000 were channeled to municipal governments for the purpose of developing new master plans. A key objective of the Initiative was to require the preparation of housing and community development elements within each document. These would utilize the base information contained in the Consolidated Plan and expand on the priority needs/proposed projects category.

Taken together all the master plans include housing, economic development, and community development strategies that reinforce and implement the projects outlined in the Consolidated Plan. Each year, prior to preparation of the Annual Action Plan, the local Master Plans are used as an important reference to review projects and housing programs that seek to utilize CDBG, ESG, and HOME funds.

This approach attempts to resolve the major gap in implementing an Urban County Consolidated Plan, that gap being the strong reliance on member communities for actual implementation. By channeling County monies to local government for

preparation of local community development and housing strategies, Erie County assumed a strong oversight role in insuring that the Consolidated Plan becomes a key point of each local strategy.

## **Monitoring (91.230)**

1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

3-5 Year Strategic Plan Monitoring response:

### **Monitoring**

- (1) Housing: A monthly housing report is prepared by the CDBG administrative staff. This document notes payouts, current balances, and other items useful to the housing management section.
  - (a) Other examples of program design items that insure long term compliance with program requirements include the following:
    - Annual spot residency checks on first time home buyer recipients;
    - Annual monitoring of rental rehab recipients to insure compliance with County-imposed rent affirmative marketing, and occupancy requirements;
    - Monitoring of Community Housing Development Organization (CHDO) projects to insure compliance with income eligibility, rents, and other HOME requirements;
    - Annual update of the Erie County Housing Program Policy and Procedures Manual;
    - Annual preparation of Consolidated Annual Performance Report (CAPER) that includes a thorough review of housing program performance relative to five-year housing goals;
    - Preparation of Annual Status Report to the County's Impediments to Fair Housing report. This document is reviewed by the County's Fair Housing Consultant – Housing Opportunities Made Equal (HOME) to insure accuracy.
- (2) Community Development: Staff meets bi-weekly to review progress and insure that projects are moving along earnestly and swiftly. Two times annually letters are forwarded to Mayors and Supervisors representing municipalities where progress has been slow. This provides a good benchmark concerning developing issues/concerns.

Other examples of program design items that insure long-term compliance with program requirements include the following:

- Preparation of annual MBE/WBE report to the federal Department of Housing and Urban Development (HUD). This document is reviewed by the County's Office of Equal Employment Opportunity to insure consistency with County policy;
- Preparation of annual Labor Standards Report for submittal to HUD;
- A County monitor is assigned to each community in order to provide "hands on" assistance when preparing applications for CDBG funds. This insures that eligibility, Davis-Bacon, MBE/WBE, and other federal requirements are understood by sub-recipient local governments;
- On-going Community Project monitoring table is maintained by program staff and reviewed at monthly update meetings. This serves as a good tracking tool to monitor each project's progress through the various CDBG procedural steps.

### **Priority Needs Analysis and Strategies (91.215 (a))**

1. Describe the basis for assigning the priority given to each category of priority needs.
2. Identify any obstacles to meeting underserved needs.

3-5 Year Strategic Plan Priority Needs Analysis and Strategies response:

Make reference to narrative for priority needs in the housing, homeless, community development and non-homeless special needs sections. The main obstacle that prevents meeting all underserved needs is funding. A priority system is implemented due to the fact that there is a lack of funds for programs and projects that would meet all the needs of the underserved.

### **Lead-based Paint (91.215 (g))**

1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.
2. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs.

3-5 Year Strategic Plan Lead-based Paint response:

#### **Lead-Based Paint Needs**

It has been determined that a majority of housing stock built before 1978 contains lead-based paint. As of the 2000 Census, there were 115,370 housing units in the Consortium that were built before 1980.

A 1991 Report to Congress estimated that 90 percent of all pre-1940 stock, 80 percent of all 1940-59 stock, and 62 percent of all 1960-79 stock contain lead-based paint. Based on these percentages, it is estimated that there 76,757 housing units in the Consortium containing lead-based paint. Not all such units pose as a hazard since adequate maintenance can reduce lead-based paint hazards.

However, the existence of lead-based paint is particularly problematic for low-income households, who occupy 32 percent of the housing units within the Consortium. Not only do they occupy a disproportionate number of pre-1980 housing units, they face greater difficulty in reaching a solution. The elimination or reduction of lead-based paint hazards can be very costly. Low-income households may not be able to afford the needed work. Similarly, low-income renters may not be able to afford newer rental units or rental units that have been adequately maintained so as to reduce lead-based paint hazards.

The total number of units that pose a hazard is difficult to determine. Contact was made with the County Health Department and they report that of all the cases in Erie County reported to them for children that have elevated lead levels, over 90 percent are reported from the City of Buffalo. Through the first eleven months of 2004 over 400 cases of elevated lead levels have been reported to the County Health Department.

It cannot be determined to what extent, low and moderate income households occupy the estimated 76,757 housing units the consortium containing lead-based paint. Given the above statistics on incidence of elevated lead levels reported in the City and the County outside the City, it is estimated that 12 percent of the units in the county have lead-base paint hazards and are occupied by low-to-moderate income households. This would be 9,210 units.

The specific incidence of lead based paint hazards within the Consortium can be determined on a case-by-case basis as specific housing units are evaluated and received assistance under County CD programs. This can be done in the future, but records have not been kept in the past on a consistent basis. Such record keeping may assist in refining future estimates of the incidence of lead paint hazards.

The Erie County Health Department has a process for dealing with childhood lead prevention. If a child is found by medical examination to have significant lead poisoning, it is required that it be reported to the Erie County Health Department. The Health Department investigates to find the source of the lead. They first check out where the child lives and if necessary other locations such as a day care facility. If sufficient levels are found, the owner of the affected property is required to undertake lead abatement action. If no or insufficient abatement action is taken by the

owner and continues to remain in noncompliance, the case is referred to housing court in the City of Buffalo and to Town Boards outside the City.

There is also a lead connection program to assess properties both inside and out. Single and double family units are eligible provided the occupants fall within the income limit guideline. Depending on the assessment, paint can be provided at no cost to be utilized as an interim form of abatement. Prior to receiving the paint, one must go to training to learn how to do the painting to mitigate the lead based paint hazard.

In the administration of its housing programs, the County Consortium will consider the potential presence of lead based paint hazards and take appropriate action when applicable. The above programs would be among the resources utilized.

## HOUSING

### Housing Needs (91.205)

\*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).
2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

3-5 Year Strategic Plan Housing Needs response:

#### **Housing Needs**

Of the 139,000 households in the Erie County HOME Consortium, 27 percent or 37,800 owner and renter households have housing problems which may include living in substandard housing, paying a high percentage of the household's income for housing expenses and/or residing in overcrowded housing according to the 2000 Census. Among renters, the proportion is 36 percent or 10,895 households. All income categories and household types are affected by housing problems, with cost burden being the housing problem experienced by the most households. The number of households with housing problems dropped in number as household incomes went up.

Cost burden is when a household pays more than 30 percent of the household income for housing expenses. Housing expenses include rent or mortgage payments, utility costs, property insurance, property taxes and fees.

The following text will provide a summary analysis of renter and owner household separately.

#### ***Renter Households:***

In the Consortium, there are 4,102 extremely low-income renter households in need of housing assistance. These are renter households with housing problems or a cost burden exceeding 30 percent of their income. Within this group, 3,255 renter households are paying more than 50 percent of their household incomes for housing expenses. Elderly renter households and small family (2 to 4 members) renter households are the household types most affected and are most in need of housing assistance. There are 1,895 households in these two household categories that have a



cost burden that is more than 50 percent of their income. In addition there are 1,245 "all other renter households" that are paying more than 50 percent of their income for rent.

A similar number of renter households with incomes between 31 to 50 percent of the median income for this area, also have housing assistance needs. According to the 2000 Census, there are 4,145 households in this income category with a housing problem or housing cost burden, paying more than 30 percent of the household income on housing costs. A total of 1,042 of these renter households have a severe cost burden, and pay more than 50 percent of the household income for housing expenses. This latter category is only about one-third of the number of extremely low income renter households that are paying more than 50 percent of their income for rent.

The housing assistance needs of low-income renter households with incomes between 51 percent to 80 percent of the median income for this area, is only about one-half as great as the previous two income categories. There are 2,022 low-income renter households in the Consortium with housing problems. Only 117 renter households in this category are paying more than 50 percent of their income for rent. Elderly owner and small non-elderly owner households are the most significant number of low-income households with severe cost burden, representing 380 and 696 households, respectively.

There are a total of 10,895 extremely-low-income, very-low-income, and low-income households in the Consortium with housing assistance needs. Overall about one-third of the renter household in need of assistance are elderly households. The Consortium addresses how the housing assistance needs will be met under Table 2A and 2C.

### ***Owner Households:***

In the Consortium there are 3,033 extremely low-income owner households in need of housing assistance. These are owner households with housing problems or a cost burden exceeding 30 percent of their income. Within this group, 2,318 owner households are paying more than 50 percent of their household incomes for housing expenses. Of this group over one-half for 1,206 are elderly owner households.

A total of 4,617 owner households with incomes between 31 to 50 percent of the median income for this area, have housing assistance needs with a housing problem and a cost burden exceeding 30 percent of their income. A total of 1,946 these owner households have a severe cost burden, paying more than 50 percent of the household income for housing expenses. The largest subcategories in this group are elderly households (839), and small households (678).

The housing assistance needs of low-income owner households with incomes between 51 percent to 80 percent of the median income for this area are significant, with 6,033 households having any housing problem or a housing expense burden exceed 30 percent of their income. The largest category of need is the 2,620 small family households that have a cost burden exceeding 30 percent of their income. Also, 1,654 elderly owner households are in this category.

There are a total of 26,902 extremely low-income, very low-income, and low-income households in the Consortium with housing assistance needs. Overall, about one-third of the owner households in need of assistance are elderly households.

Overcrowding is not a major housing problem in the Consortium. Based on 2000 Census data, only .01 percent of the owner-occupied households in the Consortium are living in situations that are considered overcrowded (1.51 or more persons per room) and 1.1 percent of renter-occupied households. Large related extremely low- income renter-occupied households experience the highest incidents of overcrowding.

The County estimates that between 20 to 25 percent of the housing units in the Consortium communities are substandard or in need of major repairs and all but 1 percent of the substandard housing units are suitable to be rehabilitated. This estimate is based on information from local building inspectors in the Consortium's communities and Erie County Department of Environment and Planning's housing inspectors.

Minority households in the Consortium include Black, Hispanic, Native American, Asian, Pacific Islander and two or more races. The percentage of minority households in the Consortium is very small: only 2.7 percent or 3,797 of the households in the Consortium are minority households. Of these minority households in the Consortium, 40 percent are very low-income compared to 16 percent for majority households in the Consortium.

## **Priority Housing Needs (91.215 (b))**

1. Identify the priority housing needs in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

3. Describe the basis for assigning the priority given to each category of priority needs.
4. Identify any obstacles to meeting underserved needs.

3-5 Year Strategic Plan Priority Housing Needs response:

### **b. Priority Housing Needs**

#### ***Renter Households:***

As can be observed from Figure 13, households with a cost burden of 30 percent or more of their income for rent consist of four household types.

These include elderly, small families of 2 to 4 members, large families consisting of 5 or more members and "all other". Of the 9,899 renter households in Figure 13 that had a cost burden of 30 percent or more, 2,966 or 30 percent were classified as "All other." Households in the "all other" category comprise a mix of non-elderly single person households and households comprised of unrelated individuals such as students. These were given a lower priority in all instances. The following text will discuss the other three household groupings.

Figure 13, Housing Assistance Needs of Low- and Moderate-Income Households, shows that the category with incomes below 30 percent of the median family income has 2,672 households that represent elderly, small families and large families. Three-fourths of the households in this category (2,010) are paying more than 50 percent of the household income on housing expenses. A high-priority need level was given to these three household types in this income category.

The number of elderly, small-family and large-family renter-occupied low-income households, households with income between 31 percent to 50 percent of the area median income, experiencing housing problems is 3,020 household according to Figure 13. The housing problem experienced by 69 percent of these households is housing cost burden, paying more than 30 percent of the household income for housing expenses. Sixteen percent of these households are paying more than 50 percent of the household income on housing expenses. Because of the number of households with a housing cost burden, a high-priority need level was given to the above noted three household family types.

The situation for elderly, small-family and large-family households in the 51 percent to 81 percent is better than the above two categories. Twenty-nine percent have housing problems and a cost burden of 30 percent or more and only four percent have a cost burden of more than 50 percent. The cost burden for the affected families, however, is significant and warrants a high priority.

#### ***Owner households:***

As can be observed from Figure 14, households with a cost burden of 30 percent or more of their income for housing cost consist of four household types. Like the renters, these include elderly, small families of 2 to 4 members, large families consisting of 5 or more members and "all other." Of the 13,511 owner households in Figure 14 that had a cost burden of 30 percent or more, 1,913 or 14 percent were classified as "All other." Households in the "all other" category comprise a mix of non-elderly single person households and households comprised of unrelated individuals. These were given a lower priority in all instances. The following text will discuss the other three household groupings.

As can be derived from Figure 14, there are 2,539 elderly, small and large families that have an income below 30 percent of the median income and housing problems and a cost burden of 30 percent or more of their income.

Moreover 70 percent of the burdened group are elderly. In addition 59 percent of the three family categories have a cost burden of 59 percent of their income. These three family categories have been determined to be a high priority group.

There is a larger population group that is burdened that has incomes between 31 and 50 percent of the median family income. There are 4,071 elderly, small and large families that have a housing problem or cost burden in excess of 30 percent of their income. They represent 60 percent of the households in this group. These three family categories have been determined to be a high priority group.

A substantial number of owners in within income between 51 percent and 80 percent of the median income are also cost burdened. There are 5,153 elderly, small family and large family households that have housing problems or are paying more than 30 percent of their income for rent. They represent 39 percent of the household in this income category. For those paying more than 50 percent of their income for housing, the percent drops to nine percent. These three family categories have been determined to be a high priority group.

In addition to the 2000 Census data, waiting lists for affordable housing support the need for housing assistance in the Consortium for low and moderate-income households. Based on ZIP code addresses of applicants, there are 2,098 applicants residing within the Consortium on Belmont Shelter Corporation's waiting list for HUD Section 8 tenant-based assistance. Fifty-one percent of the demand is by single person elderly households. The next largest category is two-person households, (523 households), which constitutes 25 percent of the demand. Since Belmont Shelter only keeps statistics by household size, it is not known what portion of the two-person households are senior citizens. The total waiting list maintained by Belmont Shelter is 14,803 applications.

Table 2A, Priority Needs Summary Table, shows the Consortium housing need level for household types, based on the U.S. Census data, housing waiting lists, and consultation with other agencies that serve low- and moderate-income households, persons with disabilities, and homeless population. The housing needs were determined by the Consortium housing needs and the projected funds which the County and other housing agencies plan to receive within the next five years. The actual housing needs are much higher and the County cannot meet the needs with the limited federal funds made available.

Table 2C

**SUMMARY OF SPECIFIC HOUSING/ COMMUNITY DEVELOPMENT/ ECONOMIC DEVELOPMENT OBJECTIVES**

Objective Identifier	Long Term Objective (bold) and Short Term Objectives	Performance Measure	Expected Outcome	Expected Output (5 Years)	Annual Output (1 Year)
<b>HOUSING</b>					
<b>H-1</b>	<b>Neighborhood Revitalization:</b> Improve housing conditions in target neighborhoods.				
H-1.1	Provide low interest loans to eligible property owners.	Number of households assisted	45 households will sustain a better quality of life within the City of Lackawanna First Ward neighborhood through participation in the Housing Rehabilitation Program for the purpose of creating a suitable living environment.	45 households assisted.	9 households assisted.
		Number of households assisted	45 households will sustain a better quality of life within the City of Tonawanda Target neighborhoods through participation in the Housing Rehabilitation Program for the purpose of creating a suitable living environment.	45 households assisted	9 households assisted
H-1.2	Provide grants to low income mobile home renters living in urban area mobile home parks and having a housing condition problem.	Number of mobile home residents assisted.	40 households will sustain a better quality of life within the Tracy Parkway Mobile Home Park in the City of Lackawanna neighborhood through participation in the Mobile Home Repair Program for the purpose of creating a suitable living environment.	40 mobile homes assisted	8 mobile homes assisted
H-1.3	Rehabilitate rental units in target neighborhoods by providing low interest loans to owners of rental units.	Number of rental units assisted.	25 households will sustain a better quality of life within the First Ward neighborhood in the City of Lackawanna through participation in the Rental Rehab Program for the purpose of creating a suitable living environment.	25 rental units rehabilitated	5 rental units rehabilitated
			10 households will sustain a better quality of life within the City of Tonawanda target neighborhoods through participation in the Rental Rehab Program for the purpose of creating a suitable living environment.	10 rental units rehabilitated.	2 rental units rehabilitated.
<b>H-2</b>	<b>Rural Housing:</b> Improve the living conditions of isolated rural families.				

H-2.1	Provide low interest loans to eligible property owners for housing improvements	Number of owner occupied housing units assisted.	150 households will improve their housing condition within the rural area through participation in the Housing Rehabilitation Program for the purpose of creating affordable decent housing.	150 homes assisted	30 homes rehabilitated
H-2.2	Provide grants to low income mobile home renters living in rural mobile home parks and having a housing condition problem.	Number of mobile homes located in the Rural Area being assisted.	25 households will improve their housing condition within the rural area through participation in the Mobile Home Program for the purpose of affordable decent housing.	25 mobile homes assisted	5 mobile homes assisted
<b>H-3</b>	<b>Developed Area Housing:</b> Improve the living conditions of families located in non target areas within the developed areas of the Consortium.				
H-3.1	Provide low interest loans to eligible property owners for housing improvements.	Number of owner-occupied housing units assisted.	150 households will improve their housing condition within the developed area through participation in the Housing Rehabilitation Program for the purpose of creating affordable decent housing.	150 homes assisted	30 homes rehabilitated
H-3.2	Provide grants to low-income mobile home renters living in mobile home parks and having a housing condition problem.	Number of rental units assisted.	100 households will improve their housing condition through participation in the Mobile Home Program for the purpose of obtaining affordable decent housing.	100 households assisted	20 households assisted
<b>H-4</b>	<b>Special Purpose Housing:</b> Provide a suitable living environment where residents reside in a safe and secure residential unit.				
H-4.1	Establish a quick response repair program that is targeted to low-income households experiencing immediate housing problems.	Number of owner-occupied housing units assisted.	50 households will improve their housing condition through participation in the Emergency Repair Program for the purpose of obtaining affordable decent housing.	50 units assisted	10 units assisted
H-4.2	Provide a mechanism for handicapped individuals to improve their mobility within residential units.	Number of households assisted.	25 handicapped individuals have new access to residential amenities through participation in the Handicapped Program for the purpose of creating a suitable living environment.	25 units assisted.	5 units assisted
<b>H-5</b>	<b>Affordable Housing:</b> Provide healthy residential opportunities for low- and moderate-income households that are affordable.				
H-5.1	Undertake a utility connection program that provides a funding mechanism for households to tie into new infrastructure lines thereby insuring the affordability of this public improvement.	Number of households assisted	25 households will improve their housing condition through participation in the Utility Connection Program for the purpose of obtaining affordable decent housing.	25 units assisted	5 units assisted

H-5.2	Provide first time homebuyers a program to address their closing cost, principal reduction, downpayment assistance, and interest rate buydown needs.	Number of first time homebuyers (formerly renters) assisted.	250 households have affordable housing through a down payment assistance program for the purpose of creating decent housing.	250 households assisted	50 households assisted
H-5.3	Provide financial resources to Community Housing Development Corporations and non-profit groups that seek to develop rental housing for the low income population.	Number rental units assisted	55 seniors and 25 families will have affordable housing through the CHDO/non-profit program for the purpose of creating decent housing.	55 senior units and 25 family units assisted	11 senior units and 5 family units assisted

## Housing Market Analysis (91.210)

\*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook

1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.
2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).
3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

3-5 Year Strategic Plan Housing Market Analysis responses:

### **Market Analysis**

#### ***General Housing Market and Inventory***

- (a) Number of units: The 2000 Census indicates that there were 146,956 housing units in the thirty-seven (37) Consortium communities covered by this Consolidated Plan. The overall vacancy rate was 4.9 percent.
- (b) Units by year construction: Within the Consortium, a total of 18,659 units were constructed during the 1990's, which is equal to 12.7 percent of the 2000 inventory. This is a significant increase over the 12,927 units that were built in the 1980's. Prior to the 1980's there was major growth in the 1960's and 1970's when 20,800 units were

built each of those decades. The period of housing construction varies in the Consortium communities, with some communities having a much older housing stock than other communities. The majority of the housing units located in the village communities in the Consortium are older than the housing units in the towns.

- (c) Housing conditions: The County estimates that 30 percent of the housing units in the Consortium communities are substandard. This estimate is based on municipal building inspectors in the Consortium communities and the Erie County Department of Environment and Planning's housing inspector. The number of substandard housing units is lower in some communities and much higher in others, but the overall average is estimated at 30 percent. It has also been determined that all but 1 percent of these units are suitable to be rehabilitated. The majority of the substandard units are rental housing.
- (d) Tenure, size and vacancy: Of the 139,754 occupied units, 109,090 units or 78 percent were owner occupied. Renter occupancy is 22 percent, which consists of 30,664 units.

Among owner-occupied units, three-bedrooms predominated, with 55 percent or 60,021 units in this category. Twenty-eight percent or 30,910 of housing units had four or more bedrooms. Fifteen percent, 16,644, were two-bedroom units. Slightly more than one percent of housing units had one bedroom or no bedrooms.

Forty-five percent, or 13,706, of the renter-occupied units were two-bedroom units. Twenty-six percent or 8,066 units were one-bedroom units and 22 percent, 6,713, were three-bedroom units. There were 644 zero- bedroom (studio) units, 1,299 four-bedroom units and 250 five- or more bedroom units.

As of the 2000 Census, 2,450 units were available for sales or a sales vacancy rate of 2.2 percent. A total of 1,421 units were available for rent, or 2,450 units, for a vacancy rate of 4.6 percent.

- (e) Affordability: According to the 2000 Census, 36 percent of the renter households in Erie County Consortium paid more than 30 percent of their household income for rent. Among owners within the consortium, 25 percent had a housing expense that exceeded 30 percent of their income. Based upon the U. S. Department of Housing and Urban Development's guidelines, households paying 30 percent or more of their income for housing expenses have a housing cost burden which is a housing problem. Housing expenses includes mortgage or rent payments, utility costs and property taxes.

There are 39 federal and state rental-subsidized housing developments in the Consortium. See Figure 16 for information regarding the subsidized housing in the HOME Consortium. These housing units are



affordable to low and moderate-income households. Within these developments there are a total of 2,109 apartments. A total of 36 of the housing developments are for elderly households and the balance are for family households or combination senior and family. None of the units are expected to be lost from the inventory.

Presently, there are 836 low- and extremely low-income households in the Consortium communities receiving HUD Section 8 Rental Assistance. Of these, 219 are elderly and 615 are non-elderly. Belmont Shelter Corporation, the administering agency for the Consortium Section 8 Program, does not foresee any Section 8 contracts being lost during this Consolidated Plan period.

(f) Housing Market for Persons with Disabilities

During the past decade there has been an increase in the number of available units in the Consortium to serve persons with disabilities. The housing inventory includes housing for persons with developmental disabilities, mental disabilities, and substance abusers. The type of housing includes short and long- term housing stay, supervised, supportive and independent living housing.

There are two agencies in Erie County that provided housing specifically for persons with HIV/AIDS and their families. AIDS Community Services of WNY Inc. and Benedict House are the providers in Erie County for housing and supportive services to people living with HIV/AIDS in Erie County. AIDS Community Services of WNY Inc. presently provides rental housing subsidies to 57 clients. Benedict House provides both transitional and permanent housing for 36 people.

(g) Areas of Low and Moderate Income and Minority Concentration

Areas of low and moderate income concentration as well as areas of minority concentration are identified in the attached maps. The minority concentration map is identified as Map 5, and identifies census tracts with Substantial Minority Population. Map 4, "CDBG Eligible Block Groups and Survey Areas" illustrates areas eligible for funding on the basis of the low and moderate income levels of their residents, as determined either through the U.S. Census or area-wide income surveys.

**Specific Housing Objectives (91.215 (b))**

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Strategic Plan Specific Housing Objectives response:

### **Specific Housing Objectives**

Reference should be made to Table 2C for a description of the specific housing objectives of the Erie County Consortium. Over the next five years, the County intends to provide assistance to 1020 units. Two-thirds of the units will be for rehabilitation assistance to existing owner and renter occupied units. Rehabilitation funds are being targeted for owner and rental units in neighborhood revitalization areas, rural areas, mobile homes, and eligible households in non-target areas. Also special programs to assist the handicapped and households needing emergency repairs are also being proposed. One-third of the units will be assistance for first-time buyers and development of rental housing. The Town of Hamburg, which also is within the Erie County HOME Consortium is proposing assistance to an additional 230 units, including 95 for rehabilitation and assistance to 130 first time home buyers.

Overall, we believe that this is balanced program that takes into consideration improving the existing housing stock as well as providing assistance to first-time home buyers. As indicated in Table 2A, there are needs across the board for elderly, small family and large family and for various income levels – extremely low income, low income and low-moderate income. Under the proposed programs, assistance will be provided for each of these household groups and income levels.

Without addressing each specific goal, the County has estimated the costs for the various programs and has determined that sufficient funds should be available to address these goals from the various HUD programs.

## **Needs of Public Housing (91.210 (b))**

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

### 3-5 Year Strategic Plan Needs of Public Housing response:

#### **Needs of Public Housing**

There are a total of 755 units of public housing in the Consortium communities. This figure includes 491 federally funded units in the City of Lackawanna, New York and 264 state funded units in the City of Tonawanda, New York.

The units in the City of Lackawanna are owned and managed by the Lackawanna Municipal Housing Authority (LMHA) and consist of three housing developments. Two of the developments, Baker Homes and Gates Homes are for both families and elderly persons, and Parkview Towers are for elderly persons only. There are 271 units in Baker Homes, 126 units in Gates Homes, and 94 units in Parkview Towers.

There are 462 households residing in the three LMHA housing developments. This figure includes 154 elderly households and 102 households with disabilities. Sixty-seven percent of the households have an income below 30 percent of the area median income.

The housing condition for the three developments varies from excellent to good. The Parkview Towers and Gates Homes are in excellent condition. Both developments underwent major renovation in the past five years. Baker Homes housing units are presently being renovated. One third of the Baker Homes units have been completed and the balance of the units should be completed within the next two years.

Renovation work that needs to be done at Baker Homes includes lead-based paint abatement, new roofs, gutters, and furnace replacements. Both the kitchens and bathrooms in the Baker Homes are old and are in need of being remodeled.

The physical condition of Parkview Towers as stated before is excellent. Some minor repairs and renovation work will be required to keep the units in excellent condition. The building is presently heated with electric heat which is very expensive and not as efficient as gas. Plans are on the drawing board to convert the Towers to gas heat and caulk windows; such repairs will reduce the agency's operation cost. Minor kitchen and bathroom renovation is also needed along with carpet replacement and new laundry room equipment.

The last phase of the renovation work for Gates Homes will be completed this year. Work to be completed includes underground utilities and minor exterior site work. Future work for Gates Homes will be general maintenance.

Currently there are sixty-eight households on the waiting list for housing administered through the LMHA. The waiting list includes elderly and non-elderly households.

The LMHA is currently assessing the agency's need for accessible units as required by 24 CFR 8.25 as per HUD request. This information shall be available shortly.

There are three public housing developments in the City of Tonawanda. The housing units are owned and managed by the City of Tonawanda Housing Authority. Two of the housing developments, Colvin Kelly Heights and Albright Court, are for families and elderly households, and Jacob J. Guzetta Apartments are for elderly households. There are 150 units in Colvin Kelly Heights, 64 units in Albright Court and 50 efficiency units in Jacob J. Guzetta Apartments.

The housing condition for the three developments varies from excellent to poor. The Housing Authority recently completed a \$9,000,000 renovation project for Colvin Kelly Heights. The units are in excellent condition and no major work is required at this time.

Renovation work is needed for the other two housing developments, which are in poor condition. Funding to renovate Jacob J. Guzetta and Albright Court is not available through the State.

There are 250 families on the City of Tonawanda Housing Authority waiting list for housing and presently there are no elderly households on the waiting list.

The County of Erie will market the Erie County First Time Home Buyer Program to public housing tenants. The Program provides financial assistance of \$5,000 to \$6,000 to first time home buyers to buy a home in the Erie County Consortium communities.

Belmont Shelter Corp., a not-for-profit housing agency, administers the Section 8 Tenant- Based Rental Assistance Program for the Consortium communities. The Program provides financial assistance to low-income households for rent payments. Presently in the Consortium communities there are 1,406 households assisted through the Program and 2,104 households on the waiting list. There is a need in the Consortium for more Section 8 Tenant-Based Rental Assistance.

## **Public Housing Strategy (91.210)**

1. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by

the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.

2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

3-5 Year Strategic Plan Public Housing Strategy response:

### **Public Housing Strategy**

The Lackawanna Municipal Housing Authority shall continue to meet the needs of its residents by seeking and obtaining funds to provide safe, sanitary housing within a positive environment. Renovation work will continue on the three housing developments.

The work as outlined in LMHA's Five-Year Action Plan for Capital Fund will continue with the completion of the work at Gates Homes and Parkview Towers. The major work proposed at Gates Homes includes the replacements of roofs on the apartments. Renovation work on Parkview Towers includes the conversion to gas heat, caulking windows, replacement of laundry room equipment and upgrading the kitchens and bathrooms.

The LMHA will continue the last phase of the renovation work for Baker Homes as described in the Authority's Five-Year Action Plan for Capital Fund. Some of the work on the apartments includes lead-based paint abatement, new roofs, underground utilities and sewer lines repairs, kitchens and bathrooms renovation, furnaces replacements, electrical improvements, exterior brick cleaning and pointing, and electrical improvements.

The LMHA's strategy for improving the living environment of the tenants that reside in the agency's housing includes expanding activities that are already in place and developing new activities. The vision for the next five years will be to focus on enhancing the quality of life for all public housing tenants in Lackawanna and improving the living environment for the residents that live in the adjoining community.

In 2002, the LMHA with the assistance of Leaders of Tomorrow Consulting Firm started an educational resource center for youth and adults residing in public housing. The center services are enriching the lives of the residents through providing life skills programs, academic enhancement programs and workforce preparation programs.

In order to expand the education resource center to all city residents, the LMHA created the Lackawanna Municipal Housing Authority Youth and Adult Educational Resource Center, Inc. a not for profit organization. The organization is proposing to relocate the resource center to a larger facility where the center can expand on its programs and serve residents in the neighborhoods surrounding the Authority's public housing.

The Lackawanna Housing Development Corporation, (LHDC) a not-for-profit housing organization that serves low- and moderate-income households in the City of Lackawanna, operates a housing program that purchases substandard homes in the City of Lackawanna First and Second Ward. LHDC rehabilitates the homes and sells them to low- and moderate-income households. The homes are being marketed to public housing residents.

To prepare residents residing in public housing to become homeowners, the County of Erie will work with the staff of the resource center to determine the type of housing education and finance planning programs the residents need to become homeowners. The County will help the staff in developing and implementing the homeownership programs.

The County of Erie will also market the Erie County First Time Home Buyer Program to public housing tenants. The Program provides financial assistance of \$6,000 to first time home buyers to buy a home in the Erie County Consortium communities, which includes the City of Lackawanna.

## **Barriers to Affordable Housing (91.210 (e) and 91.215 (f))**

1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.
2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

3-5 Year Strategic Plan Barriers to Affordable Housing response:

### **Barriers to Affordable Housing**

The County is investigating barriers to affordable housing in the Consortium that were identified by the consultants that prepared the Consortium's Analysis of Impediments to Fair Housing in the Erie County Consortium Area. Possible barriers includes zoning ordinances in the municipalities that prohibit affordable multi-family rental housing because of minimum unit sizes, minimum frontage, set-back and parking requirements. Property taxes and fees are

other elements that could be a possible barrier to affordable housing. Refer to the 2004 status report regarding the 1996 Impediments to Fair Housing.

## HOMELESS

### Homeless Needs (91.205 (b) and 91.215 (c))

\*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

3-5 Year Strategic Plan Homeless Needs response:

### HOMELESS

The text on Homeless Population and Services was written by the Erie County Commission on Homelessness. The Commission on Homelessness has conducted an extensive analysis of homelessness in the County. Their assessment is being accepted as the official position on homelessness for the Consortium.

The following discussion by the Erie County Commission on Homelessness integrates the discussion on needs, inventory and resources by several categories. First, it addresses prevention activities, including what the needs are and what services are planned to meet the needs of Erie County's homeless population. It then addresses outreach services to various subgroups of the homeless population. A description of the characteristics and needs of the low-income population in Erie County follows, on the premise that these individuals are at the greatest risk of becoming homeless. It should be noted that homelessness is an issue that crosses jurisdictional lines, and the profile encompasses the entire County, and not just the Consortium communities.

The Commissions discussion continues with a summary of the inventory of shelters available for the homeless population in the County, including Emergency Shelters and Temporary Facilities; Transitional Housing; and Permanent Supportive Housing. Again, the discussion includes all facilities within Erie County, including those that are not located within the Consortium community, because these facilities are a county-wide resource.

- a. **Homeless Population and Services**  
(authored by the Erie County Commission on Homelessness)

On any given night, some 2,200 Erie County residents live on the street, stay in emergency shelters, or utilize transitional or permanent housing programs. Many more low-income individuals and families stay with friends, relatives, and acquaintances, or live in substandard housing. Through its annual data collections, the Erie County Commission on Homelessness attempts to document the needs of this population, its characteristics, and concerns in order to improve services for the homeless and near homeless.

The report that follows provides an important profile of homeless individuals and families that reside in Erie County, New York as well as an overview of area programs including prevention, outreach and assessment activities, emergency shelter, transitional and permanent supportive housing facilities.

**Homeless Prevention, Outreach, and Assessment Activities:**

Within the Western New York area, there are several programs that engage in prevention, outreach, and assessment activities with homeless, near homeless, and low-income populations. While some providers specify certain populations they will work with, most offer services to anyone requesting them. Such services are often initial service link for many individuals and families as they begin to access the Homeless Continuum of Care. They include programs that offer assistance by providing basic items, such as meals, blankets, or clothes to homeless persons. These programs may also publicize shelter information or entitlement programs in an effort to make poor and disadvantaged persons aware of various services and resources.

**Prevention activities include services to reduce the likelihood of becoming homeless among high risk, low-income individuals and families. A list of local prevention programs follows:**

**Rental/Mortgage Assistance**

The Local Board for the Emergency Food and Shelter Program (formerly known as the local FEMA board) makes funds available to seven agencies for emergency grants to prevent eviction or foreclosure. Several organizations offer one time loans to assist with security deposits or one month's rent. These programs include: Community Action Organization, Crisis Services Outreach to the Homeless, Buffalo Urban League Housing Department and Erie County Department of Social Services.

**Housing Search/Placement**

Several area agencies provide assistance with housing searches to assist low-income individuals and families in finding safe and affordable housing. In some cases, these providers can also assist with Section 8 vouchers or other housing funds while others help with relocation expenses or tenant/landlord negotiations. These programs include: Buffalo Municipal Housing Authority, Ken-Bailey Neighborhood Association, Lovejoy Neighborhood Association, Belmont Shelter Corporation, Rental Assistance Corporation, Buffalo Urban League Housing Department, Catholic Charities, Housing Options Made Easy, and Hispanics United of Buffalo. Finally,



Housing Options Made Equal also offers investigation and counseling to victims of discrimination.

#### **Transportation Assistance**

Several programs provide assistance with transportation or bus tokens to individuals searching for housing, commuting to the workplace, or receiving services. These programs include the Erie County Department of Social Services Welfare Diversion, Medicaid Transportation, and the Independent Living Center. The Erie County Department of Social Services also offers bus passes through its "Get a Job, Get a Ride" program. Additionally, Child and Family Services operates a "Wheels to Work" program which grants small loans for the purchase of a vehicle.

#### **Small Loan Programs**

A small number of local agencies provide small loans for the necessary household expenses including heat and utilities. These funds are available through Child and Family Services, Catholic Charities, Home Energy Assistance Program, National Fuel Advocates, American Red Cross, Belmont Shelter –Self-Sufficiency Program, Buffalo Urban League, and Community Action Organization. The Minority Women Business Entrepreneurs Loan provides funds for starting a home business.

#### **Financial Management/Life Skills**

These programs provide financial management intervention, counseling services, advice on budgeting and financial problems, and other life skills. The programs include: Consumer Credit Counseling Service of Buffalo, Catholic Charities, Business and Professional Women of Buffalo, and Cornell Cooperative Extension.

#### **Education and Vocational Training**

Various organizations offer educational and vocational training for low-income populations. These programs include GED or certificate programs, specific skill development, resume writing, interview training, and assistance with locating jobs through job boards and referrals. Programs include: Greater Buffalo Works Program, Everywoman Opportunity Centers, Vocational and Educational Services for Individuals with Disabilities, Workforce Investment Board, Buffalo General Hospital Vocational Training Center, Veterans Multi-Purpose Employment and Service Center, Buffalo Opportunity Services, Buffalo Urban League Multi-Service Center, Buffalo Urban League Answer Program, Buffalo Urban League Employment Program, the Educational Opportunity Center, Buffalo Employment Training Service, and the Educational Opportunity Center.

#### **Detoxification Services**

Detoxification services for alcohol and substance abuse are available through Erie County Medical Center, Buffalo General Hospital, Alcohol and Drug Dependency Services, Stutzman Treatment Center, and Cazenovia Recovery Systems.

**Legal Services**

Through collaboration with Neighborhood Legal Service and University at Buffalo Law School, the Homeless Task Force provides legal assistance and referrals to homeless and near-homeless populations. By traveling to dining facilities, the Task Force is able to overcome many of the obstacles people face when attempting to obtain legal assistance. In many cases, program personnel are able to steer clients to benefit programs or other areas that may help lift clients out of their present situation. This team works with high risk sub-populations and is integral in establishing trust in the system, which is sometimes lacking among homeless and near homeless persons.

Legal Services for low-income individuals and families are also provided through: the Public Defenders Office, Law Guardian, Action for Mental Health, Legal Advocacy for Disabled Individuals, Legal Aid, Legal Action, University at Buffalo Law Students, Western New York Law Center, Project Dandelion through Neighborhood Legal Services, and Legal Services for the Elderly and Disadvantaged.

**Information and Referral**

The Crisis Services Homeless Hotline receives between 1800-2400 calls a year. Of these, nearly half are requests for assistance in preventing homelessness and are responded to with information and referral to appropriate programs in the community. Central Referral also provides information about area community services to callers. Central Referral is funded through the United Way of Buffalo and Erie County.

The YWCA SAF-NET program offers information and referral services via telephone to individuals living in the Southtowns region. The program also works collaboratively to provide training to service providers in the southern region of Erie County.

The Erie County Self-Sufficiency Committee recently developed an Economic Self-Sufficiency Calculator; a web-based tool for determining eligibility for a total of twelve income supports. In addition to assisting in the determination of mainstream resource eligibility, the calculator website provides information about area services as well as key contact and referral information. The web-site will be updated on a weekly basis to ensure its accuracy. The tool is available to case managers and service workers across Erie County, and there is no charge for access.

The Erie County Self-Sufficiency Committee was also responsible for putting together a Self-Sufficiency Baseline Report and Resource Guide which is provided free of charge to area businesses, government, and service providers. The report details services available in the community including child care, family violence services, self-sufficiency programming, education and training programs, and emergency assistance programs (to name a few). A website is also being developed to correspond with the report.

**Services planned:** In connection with representatives from the WNY Coalition for the Homeless, Crisis Services Street Outreach to the Homeless, Lake Shore Behavioral Health, and other homeless prevention providers, ECCH will be distributing pocket resource cards listing emergency services for low income, at risk, and homeless individuals and families. The cards will be distributed during the PRISM Project street enumeration and will be made widely available. The cards are a convenient way to ensure that information is put in the hands of those who need it most. Additionally, ECCH is nearing completion on a resource guide for religious leaders, as they are often the first group approached when an individual or family finds themselves in financial or other difficulties.

**How homeless persons access/receive assistance:** Generally, clients are connected with prevention activities and community service providers through emergency feeding programs, word of mouth, referrals from hotlines, and publicly available resource guides.

**Outreach Services include extending services or assistance in order to provide basic materials, such as meals, blankets, or clothes to homeless persons; or to publicize the availability of shelters and programs to make homeless persons aware of various services and programs.**

#### **Veterans**

The Veterans' Administration Health Care for the Homeless Program provides outreach and referrals to street homeless veterans being served in dining rooms, shelters, and the area drop-in center. Additional supports are offered through the Veterans Multi-Purpose Employment and Service Center.

#### **Seriously Mentally Ill**

Started in 1994, the Crisis Services Street Outreach Program reaches low-income persons on the street throughout the County, as well as individuals frequenting area soup kitchens. The program received a HUD grant in 2001 to provide outreach, assessment, and case management to homeless individuals and to assist them in accessing permanent housing through rental subsidies (a SHP renewal project included in this year's application). As required by its funding source, this program has a primary focus on serving homeless persons who are mentally ill.

In addition to its street program, Crisis Services also operates a community hotline that provides 24-hour information and referral to individuals and families faced with homelessness and poverty-related problems. The Homeless Hotline Counselor also provides follow-up to ensure callers receive helpful and relevant information during their initial call and to make further referrals.

Lake Shore Behavioral Health Homeless Services Program provides outreach to homeless individuals temporarily staying at area shelters and to psychiatric patients at area hospitals. The program offers links to area shelters and provides assessment and case management to individuals who meet severely and persistently mentally ill criteria.

Harbor House is a nighttime drop-in center in downtown Buffalo which provides services, including outreach and assessment, to persons who are mentally ill, dually diagnosed, and homeless. Opened in 1997 by Restoration Society, a not-for-profit with extensive experience in running Club Houses for mental health consumers, Harbor House is staffed by peers, (i.e., persons who are themselves consumers of mental health services). The program does extensive outreach work in the local community. Over the last year, Harbor House has expanded its hours of operation, enhanced its on-site services, and incorporated clients with a primary chemical addiction diagnosis into the target population. The program is seeking renewal funding as part of this year's application.

#### **Substance Abuse**

Cazenovia Recovery Systems provides outreach for chemically addicted individuals on the street through regularly scheduled visits to area shelters. The program offers information about other services and housing options in the Continuum of Care.

#### **HIV/AIDS**

Information about HIV/AIDS and reproductive health services are also part of the mission of the Planned Parenthood of Buffalo and Erie County Mobile Outreach Unit. AIDS Community Services also does extensive outreach work among low-income individuals in the community. Benedict House, a transitional housing provider, does community presentations to ensure that persons living with HIV/AIDS are aware of the program.

#### **Domestic Violence**

There are three outreach programs, one run by Haven House, another by Hispanics United of Buffalo, and the last by Crisis Services, for women and children who are homeless or at risk of becoming homeless due to domestic violence. Outreach is done in area hospitals, through the criminal justice system, and through three area hotlines. Victims are made aware of area services including emergency shelters and transitional housing providers.

The Erie County Coalition Against Family Violence is responsible for conducting outreach and education on family violence through media and advocacy work. The coalition conducts training and awareness raising campaigns during which they provide information on community resources and programming.

**Youth**

Compass House, Teaching and Restoring Youth, and The Franciscan Center all have relationships established with other shelter providers for quick referrals. Each of these programs also does presentations at local schools and youth centers. Compass House operates a 24-hour hotline and is part of a curfew project being developed in consultation with the Buffalo Police Department. Crisis Services operates a 24-hour Kids Helpline, which refers youth to area shelters and service providers as needed. The coordinators of the Kids Helpline also conduct presentations to make community members aware of these services.

Teaching and Restoring Youth provides increased supportive services to residents of the program and young women living on the street through its Outreach/Court Advocacy Program and more structured Follow-Up program. The outreach program allows TRY program representatives to gain greater rapport with street homeless youth.

**Chronically Homeless**

Operation H.O.P.E. is a "one-stop" community resource for homeless individuals coordinated through the Durham Memorial AME Zion Church. The program has expanded in the last year to provide information and supportive services to the chronically homeless population. Operation H.O.P.E. provides a soup kitchen and food pantry, showers and a respite area, private counseling and outreach areas, case managers, an ombudsman to assist with federal, state, and local benefit applications, classrooms for job mentoring, life skills training, a recreation center, and child care.

Hearts for the Homeless is a largely volunteer effort to reach persons who are on the streets in downtown Buffalo at night. This program provides food, clothing, referrals, and transportation to emergency shelters. The following organizations also provide clothing and household items to homeless individuals and families: City Mission, Catholic Charities, Asbury Shalom Zone, St. Vincent DePaul, and Crisis Services.

**At Risk and Homeless**

Food For All maintains a list of food pantries and soup kitchens in Erie County in the area and does community presentations on the availability of emergency food providers. Food for All also does pre-screening for food stamp eligibility. Area soup kitchens and food pantries include: Friends of Night People, Buffalo Urban League Food Pantry, Loaves and Fishes, and Concerned Ecumenical Ministries.

The Neighborhood Legal Services Homeless Task Force meets the special needs of the Western New York homeless and near homeless population by providing free legal assistance and referrals to other appropriate services. By traveling to shelters and dining facilities, the Task Force is able to

overcome many of the obstacles homeless people face when attempting to obtain legal assistance.

**Services planned:** As mentioned above, ECCH is working with the Street Homeless Outreach Committee to produce and distribute pocket resource cards listing emergency services for low income, at risk, and homeless individuals and families. The cards will be distributed during the PRISM Project street enumeration and will be made widely available. The cards are a convenient way to ensure that information is put in the hands of those who need it most.

**How homeless persons access/receive assistance:** Persons who are homeless have access to the various elements of the Continuum of Care through a variety of means. One key access point for services is the Homeless Hotline operated by Crisis Services. This 24-hour service provides information and referral about programs in every part of the Continuum of Care. It also serves as an entry point into the Crisis Services Homeless Program, which provides services to homeless persons on the street and case management for persons moving through the Continuum of Care.

For persons living on the street who may be reluctant to seek shelter, the Crisis Services Homeless Outreach Program, Lake Shore Behavioral Health Homeless Services, and Harbor House nighttime drop-in center provide access to services. All three programs are committed to developing long-term relationships with homeless persons living on the street as a means of overcoming resistance to seeking services. The programs work collaboratively, with Crisis Services and Lake Shore staff members providing daytime follow-up with those who visit Harbor House at night.

Beyond the formal programs that assist individuals in their attempts to gain access to services, there are the less formal relationships among service providers throughout the Continuum of Care. Staff members are remarkably knowledgeable about the services that are available in the community and regular training programs are provided by the WNY Coalition for the Homeless. Referrals to area services including housing are typically made at a level appropriate to client needs.

**Many of the service providers who do community outreach also provide assessment services. These assessments may include mental health screening, drug and alcohol screening, testing for AIDS and other sexually transmitted diseases, and other medical assessments.**

Crisis Services Street Outreach Program, Lake Shore Behavioral Health Homeless Services, and Harbor House staff members conduct mental health screenings and assessments for low-income persons frequenting area soup kitchens and the area drop-in center.

Cazenovia Recovery Systems provides assessments of chemically addicted individuals through regularly scheduled visits to emergency facilities.

The Planned Parenthood of Buffalo and Erie County Mobile Outreach Unit screens clients for sexually transmitted diseases and other medical needs.

The Veteran' Administration Health Care for the Homeless Program provides medical/psychiatric assessment and treatment to homeless veterans being served in dining rooms and Harbor House.

The Erie County Health Department's Indigent Nursing Program provides health assessment and some basic medical care to homeless individuals at various community service agencies. The Community Health Center also does medical assessments of low-income individuals in the community.

### **Characteristics and Needs of Low-Income Individuals**

Given the nature of this work, it is extremely difficult to provide an accurate count of the number of people being served by these service providers. However, drawing on United States Census Bureau data as well as anecdotal evidence from homeless prevention, outreach, and assessment providers, Erie County has been able to develop a profile of at risk populations.

Erie County is a geographically diverse area, which includes the City of Buffalo (New York's second largest city) as well as expansive rural areas and farming communities. Historically, the region has relied on manufacturing employment to fuel its economy. Over the last thirty years, however, the area has experienced a sharp decline in the demand for these jobs. At this time, Erie County is attempting to evolve from an industrial base to a highly competitive service and information economy. According to a recent report from the United States Bureau of Labor Statistics, the Buffalo-Niagara Metropolitan Statistical Area (MSA) is currently one of the worst performing in the nation (Soloy, 1999). The flow of businesses and jobs out of the region easily outpaces the flow of assets into the region.

Problems in the local labor market have contributed to high rates of unemployment and poverty among Erie County citizens. The county's unemployment rate has averaged between 5 percent and 7 percent over a twelve-year period (1990-2002) resulting in a loss of population and a shrinking tax base. According to U.S. Census 2000, the total population in Buffalo and Erie County was 950,265. The city of Buffalo population was estimated at 292,648. Females constitute 52.2 percent of the Erie County population. Young people under the age of eighteen comprised 24.3 percent. Individuals 65 and older total 15.9 percent of the population. The majority of the population is Caucasian (82.2%) with 13.0 percent of the population identified as African American, 0.6 American Indian, 1.5 percent Asian, 3.3 percent Hispanic, and 2.7 percent biracial or other race. The population living in the city of Buffalo is predominantly African American.

In 1999 dollars, the median household income for Erie County was \$38,567. It is estimated that 12.2 percent of persons of all ages live below the poverty line. The situation is markedly worse in metropolitan Buffalo, which now has the sixth highest poverty rate among major U.S. cities (United States Bureau of the Census, 2000). One in four people living in the city are impoverished according to federal guidelines. Meanwhile, both the cost of housing and the local consumer price index have increased steadily (United States Bureau of Labor Statistics, 2003).

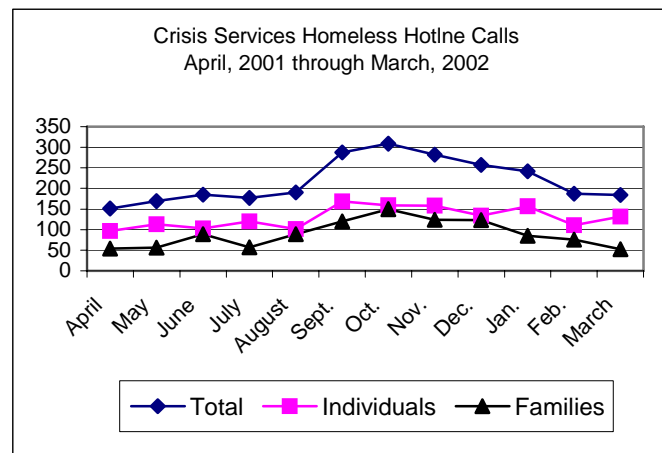
These changes have led to increased need among the population within Erie County as documented by soup kitchens, food pantries, emergency assistance programs, and homeless housing programs. Providers have indicated an increased demand for assistance from single and two-parent families deemed ineligible for governmental or mainstream resources (i.e., Temporary Assistance to Needy Families, Food Stamps, or Supplemental Security Income). Similarly, many families do not receive assistance because of the myriad difficulties associated with navigating the benefit system. There is also continued concern about the number of unaccompanied mentally ill and/or chemically addicted homeless individuals living on the streets of Buffalo and throughout Erie County.

#### **Near Homeless and Street Homeless Populations**

As the Erie County Commission on Homelessness does not currently collect data on the near or street homeless, information from area service providers is particularly important in describing these homeless populations.

The Crisis Services Phone Counseling program tracks the number of calls from homeless and near homeless clients. On an annual basis, the program estimates receiving between 2,500-2,700 calls from these populations. Callers typically seek assistance for a variety of problems including eviction, food and clothing concerns, financial and legal assistance, tenant/landlord disputes, utility arrears and terminations, public benefits questions, and shelter information/referral.

In 2002, nearly sixty percent of Homeless Hotline calls came from individuals while forty percent came from people living in families. Importantly, about ten percent of callers indicate that they were living doubled- and tripled-up with family, friends, or acquaintances. Many other callers indicate that they are living in substandard or inadequate housing. Most callers indicate that their access to governmental assistance is limited. They face difficulties navigating the mainstream service system because of limited transportation, need for childcare,





and work schedules. Likewise, they may lack an understanding of the complex human service system. At present, relatively little is known about the number or specific characteristics of precariously housed individuals and families in Erie County.

What is evident, however, is that there is seasonal variation in Crisis Services' homeless hotline calls (as illustrated here using 2001-2002 data). Practice wisdom suggests that landlords are less likely to evict families during colder weather or during the school year. As a result, the number of family calls generally increases from the beginning of summer until early autumn. When the weather turns colder, however, unaccompanied individuals are more likely to seek assistance, especially shelter, food, and clothing. While families are less likely to be seen on the streets, many individuals manage life there until conditions become more dangerous and they are forced to seek assistance.

Based on observations and the caseloads of Lake Shore Behavioral Health Homeless Services Team and Crisis Services Street Homeless Outreach Program, the street homeless population is estimated at 100-150 unaccompanied individuals on any given night. Each program maintains an active case management roster of more than sixty persons who live on the streets. Among practitioners, there is increased concern about the number of street homeless individuals who are mentally ill or mentally ill and chemically addicted (MICA).

Advocates speculate that street homeless populations may be resistant to outreach efforts due to prior negative experiences, distrust of the system, and reduced awareness of available services. Likewise, these individuals may not be eligible for traditional assistance for emergency shelters because of behavioral problems, criminal histories, or current addiction. As a result, it is necessary to adopt a client-centered approach to serve this homeless population. This approach suggests meeting street homeless "where they are" and requires that service providers receive additional supports, including specialized training and other resources, to aid them in their work. A street enumeration is being planned for fall 2004 to determine the number of street homeless who are in need of such services. Using this information, the community will be better equipped to engage in housing and service planning efforts for this homeless population.

### **Emergency Shelters and Temporary Facilities**

According to the US Department of Housing and Urban Development (HUD), emergency shelters provide short-term housing on a "first come, first served basis." Shelters may provide beds for a specified period of time, regardless of whether or not clients are required to leave the building. In some cases, clients may be required to leave the facility each morning without a guarantee of a bed for the next night. Also included in this official definition are facilities that provide temporary shelter during extremely cold weather (e.g., churches) and host homes for victims of domestic violence and runaway or neglected children and youth.

The Western New York area is served by a total of thirteen emergency shelters with a capacity of up to 500 beds. The largest of these shelters can serve a total of 156 individuals, while smaller shelters serve less than ten. The emergency shelters, all of which are not-for-profit organizations, have differing eligibility and admission criteria. Shelter funding comes from a variety of sources including: NYS Office of Alcoholism and Substance Abuse, Erie County Department of Mental Health, U.S. Department of Health and

Human Services, U. S. Department of Housing and Urban Development, United Way of Buffalo and Erie County, Erie County Department of Youth Services and Social Services, City of Buffalo and County of Erie Emergency Shelter Grants, NYS Office of Child and Family Services, area churches and congregations, private foundations, and concerned citizens. Most shelters require that individuals be physically capable of caring for themselves as part of their admission criteria.

A brief summary of the emergency shelters is provided below:

- Alcohol and Drug Dependency Services (ADDs) operates a Crisis Center, which is available to chronic substance abusers that are homeless or at risk of homelessness. The shelter has 28 beds available for single individuals.
- Buffalo City Mission is the largest of the area shelters offering emergency shelter for up to 156 unaccompanied men 18 years of age and older. The Mission acts as a safety net ensuring that individuals receive three meals a day as well as clothing, medical attention, and referrals to other service providers.
- Cornerstone Manor is the sister site for the Buffalo City Mission. Cornerstone Manor offers housing for up to 60 women and children (under age twelve). There is a transient lounge for single women as well as family accommodations for mother-headed families. The shelter also acts as a safe house for individuals experiencing family violence.
- Community Services for the Developmentally Disabled operates a shelter for homeless individuals with a developmentally disabled diagnosis. There are a total of 17 beds in the emergency shelter program as well as six additional beds for victims of domestic violence.
- Community Action Organization runs a small shelter facility in the Lackawanna area. The shelter has five rooms and can accommodate individuals and single parents with one child.
- Compass House provides shelter and services to runaway and homeless youth 12-17 years old. The shelter can accommodate up to 13 male or female clients.
- The Franciscan Center is a dual runaway/homeless youth shelter offering short-term emergency shelter (6 beds) and a long-term transitional living program (8 beds) for males between the ages of 16-20 years.
- Haven House, a program of Child and Family Services, provides shelter women over 18 (or women age 16 with children) coming from a situation of abuse and children who are abused physically and sexually,

accompanied by a non-abusing adult. Women still being abused by an ex-partner can also seek shelter. There are a total of thirty-six spaces available.

- Interfaith Hospitality Network provides emergency shelter for homeless families. The Network is comprised of ten area churches that provide space for shelter on a rotating basis. Interfaith Hospitality Network can accommodate up to sixteen individuals from all family types.
- Little Portion Friary is a volunteer-based ministry committed to providing shelter and three meals a day to 26 homeless individuals (18 male/8 female).
- The Salvation Army Family Emergency Shelter provides shelter, food, and referrals to families and single females. The program was recently increased to include 77 beds. The program is aimed at trying to prevent the re-occurrence of homelessness.
- St. Luke's Mission of Mercy provides temporary shelter to up to sixty persons on a fairly regular basis. The Good Shepherd Residence includes housing for homeless men and community apartments for women and children. St. Luke's Mission will provide shelter to individuals or families.
- Transitional Services, Inc. operates an emergency shelter on the grounds of the Buffalo Psychiatric Center for homeless persons (18 years of age or older) who have a psychiatric diagnosis. Ten beds are available for unaccompanied males or females.

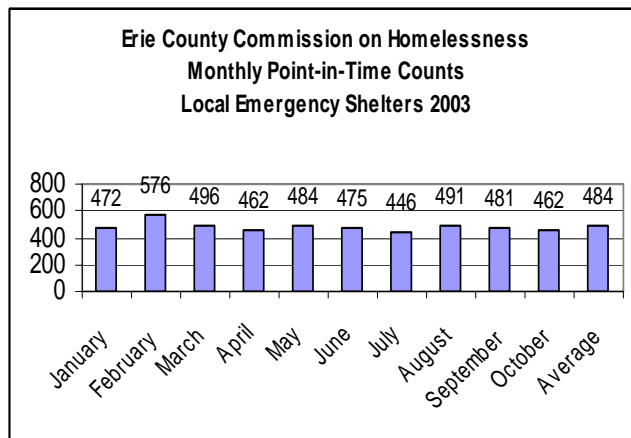
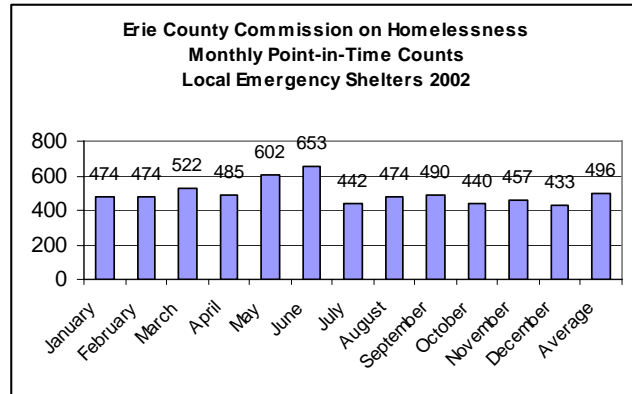
In addition to these emergency shelters, the American Red Cross and Vive La Casa provide temporary assistance to persons in need. The American Red Cross accommodates individuals who have lost their housing due to fire or other disaster. Vive La Casa provides shelter and services to refugees (primarily those en route to Canada). The program assists with immigration paperwork, legal issues, food, clothing, medical and psychological care, ESL training, and childcare. The program has a total of 102 beds.

### Shelter Regulations

The length of stay allowed in emergency shelters varies some, but is generally less than 45 days. Most individuals stay between one week and one month. However, rules regarding the length of stay may also change depending on the season of the year or weather conditions. At most shelters, special arrangements can be made for extended stays. Typically, these arrangements must be approved by the organization's Executive Director or by a standing committee.

Clients may be refused stay or may be asked to leave a facility if they violate facility rules and regulations. Most service providers have explicit policies about behavior while in residence. In most cases, clients must demonstrate that they are following shelter rules especially with regard to drug and alcohol use and violence toward self or others. Individuals with a history of predatory or violent behavior and/or arson may be refused services altogether. Six shelters also require that individuals establish a personalized plan and make progress toward goals.

The Erie County Commission on Homelessness Monthly Point-in-Time Survey provides a non-duplicated enumeration of the homeless population staying in or seeking assistance from emergency shelters and temporary facilities (including Vive la Casa, American Red Cross, and Harbor House) in a single 24-hour period. Counts are conducted on the 20<sup>th</sup> day of each month starting at 9 am.



*Data on this population has been remarkably consistent over the last two years. In 2002, the average monthly point-in-time count was 496 individuals while the year to date figure for 2003 is 484 individuals. On a typical night, approximately 450-500 homeless men, women, and children are provided emergency shelter or stay in temporary facilities in the Western New York area. The majority of shelter clients are adults aged 18-59 years (70%), followed by minor children (28%) and adults 60 years of age and older (2%). Most shelters operate between 90-100% of capacity at all times.*

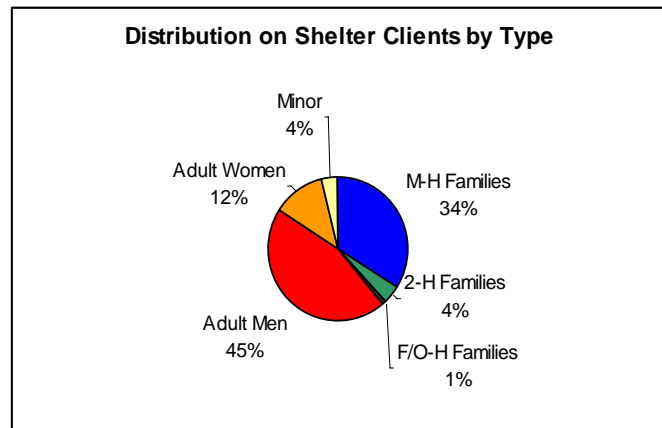
### *Nature of Usage*

As with homeless hotline calls, shelter usage changes seasonally, with homeless families more likely to request shelter during the summer months (i.e., May, June, July, August, September) and individuals (including youth) requesting shelter during the fall and winter (i.e., October, November, December, January, February).

Based on data taken from January 2002 to October 2003, there is also a good deal of variability in the number of shelter requestors turned away on a given night. Over the course of one year, the average number of individuals who are turned away monthly is six individuals for individually-based shelters and eighty-eight individuals for family shelters. Families are much more likely to be turned away than their unaccompanied counterparts due to the lack of available space or the shelter's inability to accept a particular family type. As a result, they may be forced to seek assistance from friends, family members, or acquaintances. Additionally, families can seek emergency housing assistance through the Erie County Department of Social Services. Other common reasons for being turned away from an emergency shelter include: not meeting criteria, harm to self or others, physically disabled, felony history, and inability to care for self.

### *Shelter Clients*

Given the eligibility requirements of area shelters, the homeless population using emergency shelters is predominately unaccompanied individuals (61%). Among them, unaccompanied adult males (45%) are identified as the largest group. Thirty-nine percent of those who are sheltered are categorized as families. Female-headed, single parent families with minor children are the most common (34%) followed by two-parent, single father-headed, and grandparent/other-headed families (5%). Only three area emergency housing providers can accommodate two-parent or father-headed families at the present time.



### *Primary Reasons for Entering Shelter*

Most shelter clients (particularly families) indicate that they lived with family, friends, acquaintances, or in their own residence prior to requesting access to shelters. The top five most commonly cited primary reasons for entering shelter include: no residence, violence in the home, family problems, eviction, need for mental health services, and drug and alcohol treatment. Other reasons include unsatisfactory housing, institutional

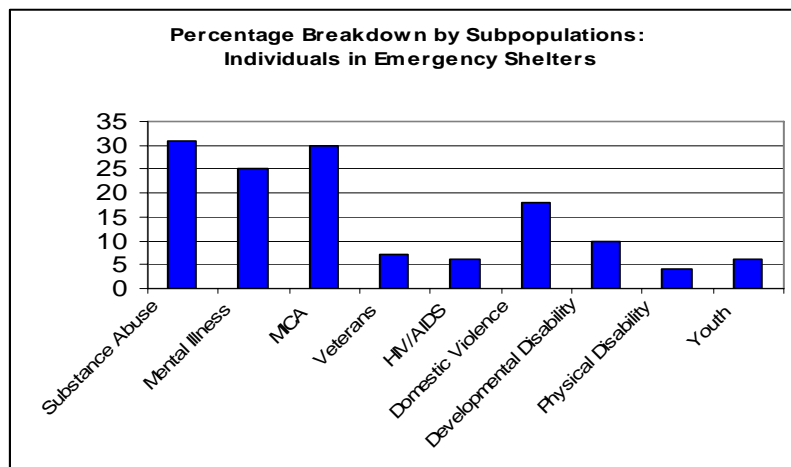
release (e.g., hospital, prison, or treatment), relocation to Western New York, and special circumstances (e.g., fire, lead hazard).

### Homeless Subpopulations in Shelters

Research suggests that there a number of different homeless subpopulations seen across the county. Each subpopulation has specific needs that must be addressed by the emergency shelter system. In Erie County, homeless subpopulations include substance-addicted individuals, the mentally ill, MICA (as a separate and distinct category), military veterans, individuals living with HIV/AIDS, domestic violence victims, physically or developmentally disabled, and youth (12-18) populations.<sup>1</sup> A breakdown is provided below for homeless individuals and families.

#### Individuals

Among individuals who receive assistance from emergency shelters, individuals who abuse substances such as alcohol and drugs are the largest group. Local service providers that serve individuals indicated that 31 percent of their clients fall into this category. Most emergency shelters do not have staff available to provide substantial on-site substance abuse counseling. Therefore, much of this work must be done through referrals to outside agencies.



Mentally ill and mentally ill and chemically addicted (MICA) populations are also commonly seen in emergency shelters and are currently estimated at 25 percent and 30 percent of the unaccompanied homeless population. The mental health community has been able to develop transitional and permanent housing for this clientele in recent years. However, more

programs are needed. Greater emphasis should be placed on moving mentally ill individuals through the Homeless Continuum of Care (from emergency shelter programs into more permanent living environments). Notably, estimations for substance addicted, mentally ill, and MICA clients

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<sup>1</sup> Importantly, these categories do not represent clinical or medical diagnoses (in most cases) but are drawn from service provider staff member approximations.

have remained very stable over the two last years. Slight increases are detected for the MICA or dually diagnosed subpopulation.

Similarly, the Commission notes similarities among four other homeless subpopulations over the last three years. First, unaccompanied victims of domestic violence are currently estimated at 18 percent of the emergency shelter population. Assistance with housing placement, job skills, and empowerment training is essential for this group.

Military veterans comprise about 7 percent of the unaccompanied emergency shelter client population. Most facilities do not provide veterans services themselves but rely on connections with the Veterans Housing Coalition and Veterans Administration. Increased connections between these facilities may enable more veterans to move from emergency shelter facilities into transitional and permanent housing. However, it is very clear given the limited number of veterans currently housed in emergency settings that these veterans groups have done an outstanding job helping individuals (and their families) access needed mainstream resources and other assistance.

Third, developmentally disabled individuals who use emergency shelters are estimated at 10 percent. A significant group, developmentally disabled individuals may benefit from life skills, GED, and job training programs. As these services are limited, referrals are frequently made to The Salvation Army, Catholic Charities, Every Woman Opportunity Center, and Buffalo Opportunity Services.

Fourth, at six percent of the emergency housing population, the youth homeless subpopulation appears to have remained the same over the last year. However, the adolescents that do access emergency shelter appear to be in need of more supportive services. Both Compass House and The Franciscan Center report increased mental health and violence issues among their clients. Often, clients are referred from the criminal justice system through family or drug court. These youth may need additional legal assistance as well as mental health, anger management, and family or other supportive counseling.

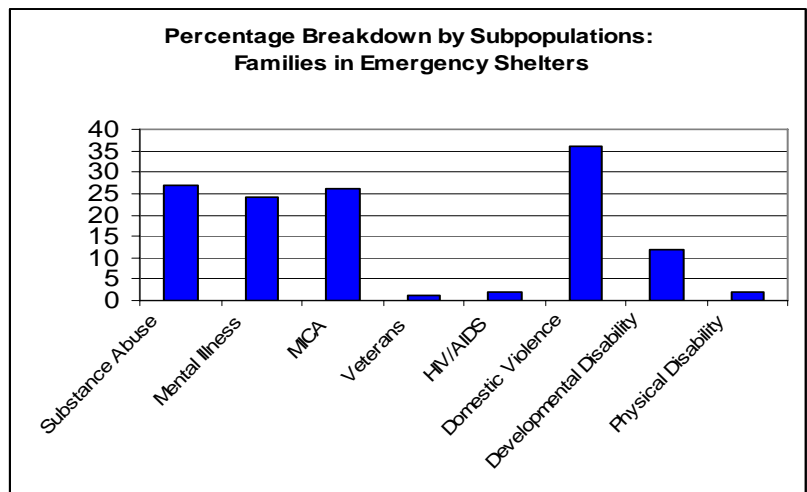
Other homeless subpopulations including clients with HIV/AIDS (6%) and physically disabled (4%) individuals are generally less frequently reported by emergency shelter providers. Clients with HIV/AIDS and physically disabled individuals are also more likely to live in supportive living environments. Of note, elderly clients are also less likely to be seen in emergency shelters because most facilities are not handicap accessible and/or require that clients tend to their own basic needs. Restoration Society indicates a continued use of its drop-in center, Harbor House, by elderly and physically disabled clients. The Multidisciplinary Coordinating Council Elder Abuse Committee and the Erie County Commission on Homelessness are currently working toward the development of short-term

housing and services for elder and special needs populations. This housing must include medical supervision as well as other supportive services.

### *Families*

Turning to family shelters, the community continues to see large numbers of single-, two-, and other-headed families seeking emergency shelter. The influx has been so great that emergency shelters report having to turn away five to six families on a given night - an increase over the last year. Often, it is two-

parent and father-headed families who are turned away because of the lack of resources to meet their needs. Currently, only three area shelters are able to house two parent families. Pregnant and parenting teens are provided shelter only under special circumstances.



As with shelters that serve individuals, emergency shelters serving families currently report that substance addicted (27%), mentally ill (24%), and MICA (26%) subpopulations are prominent among their clientele. This is consistent with data collected over the last two years. Supportive services for these populations are needed including mental health counseling and substance abuse treatment. Notably, families are more likely to have experienced domestic violence (36%) compared to their unaccompanied counterparts. As reported by service providers, these families need additional supportive services, which may include parenting, life skills, self-esteem and empowerment counseling, as well as GED or job training. While many emergency shelters attempt to provide these services on-site, their time and monetary resources are limited.

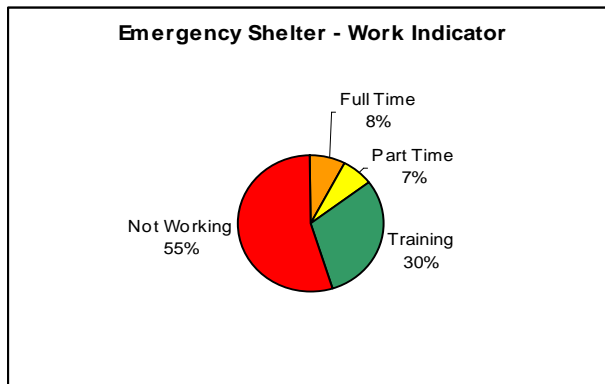
Developmentally disabled (12%), physically disabled (2%), clients with HIV/AIDS (2%) and military veterans (1%) are categories that are less frequently seen in family emergency shelters. As noted above, most of the emergency shelter providers require that clients be able to care for themselves as part of their eligibility criteria or are linked with more appropriate providers.

### *Shelter Client Resources*

While in shelter, homeless individuals and families are provided with a number of on-site supportive services and receive referrals to specialized area agencies. The majority of shelters



offer some form of counseling, case management, clothing assistance, life skills training, and assistance with personal needs. However, the availability and quality of these services varies greatly. Some facilities have access to staff members or referral agencies trained to offer substance abuse, mental health counseling, and/or medical services on-site but the vast majority of providers do not. Many facilities make referrals to other agencies to assist their clients. Assistance with legal issues, housing and benefits questions, veteran services, and job training are most often referred to other agencies. Spiritual services are offered by a number of facilities but the majority of providers do not require religious participation in order for a person to remain in shelter.

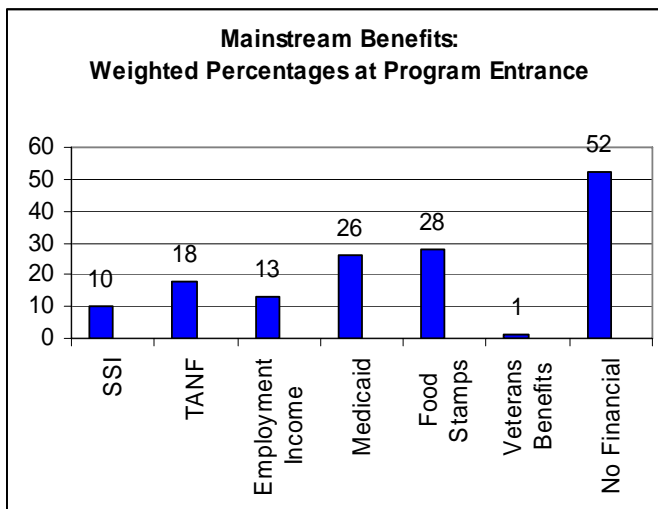


Paid employment is yet another important client resource. Among emergency shelter and temporary facility clients eligible for work, approximately fifteen percent of clients are employed in either a full or part-time capacity. An additional thirty percent receive educational, service, or vocational training. Approximately 55 percent of clients are eligible but not working. Notably, some shelter

programs require that clients do not work during the length of their stay – enabling them to focus on addressing major life issues. While homeless service providers view opportunities for educational and vocational training as essential to their client’s successful reintegration into the community and return to self-sufficiency, most programs do not have the staff or funds to fully implement on-site programming to assist clients in their efforts.

Providers must often rely on referrals to area services including Every Woman Opportunity Center, VESID, the Workforce Investment Board, Veterans Multi-Purpose Employment and Service Center, Buffalo Urban League’s Multi-Service Center, and the Buffalo Employment Training Center (BETC) to offer educational and vocational training for low-income populations. Unfortunately, clients often have other constraints that inhibit their ability to take full advantage of services. While in shelter, clients are often dealing with many issues, attempting to navigate the social service system, trying to locate housing, and tending to their children. Likewise, they may encounter other learning or educational barriers to job placement. Based on these data, emergency shelters need in-house

programming that will bolster job skills and prepare clients for employment through skill building, education, and training.



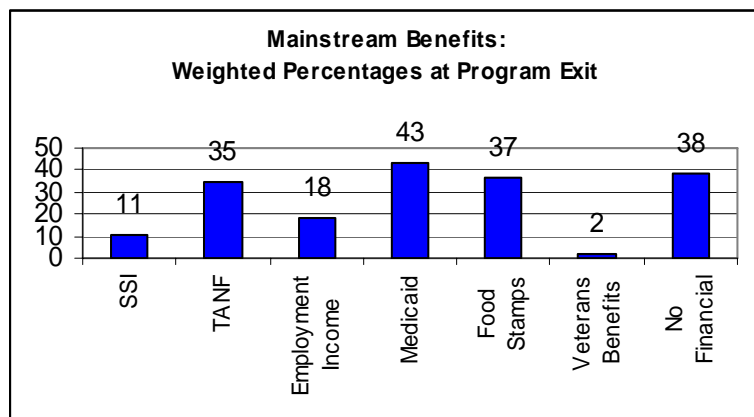
Recently, ECCH also began looking at use of resources generated by federal, state, and local governmental programs that are not specifically linked to homeless

treatment and services. These resources are available to the general population in need and are deemed important for maintaining self-sufficiency and independent living. Our evaluation shows that fewer than twenty percent of clients entering shelter receive SSI or TANF. Less than thirty percent receive Medicaid and Food Stamps. More than half of clients enter shelters with no financial resources at all.

ECCH focus group research suggests several reasons for the limited use of these mainstream resources. First, approximately fifteen percent of the eligible shelter population are working and may earn wages that prohibit them from receiving governmental supports. Second, under the current systems, clients may be sanctioned by governmental systems for numerous reasons making it impossible for them to receive the assistance they desperately need. Third, clients may experience difficulties while trying to access benefits on their own because of the system's complexities or because of difficulties getting to program enrollment sites. Finally, clients may not be able to read and complete necessary forms or provide required documentation without special assistance. For example, the New York State Office of Temporary and Disability Assistance Food Stamp Benefits Application is four pages long – a daunting task for persons who may have limited reading proficiency, may be English language learners, or may lack necessary documentation materials.

Those leaving shelters program do not fair much better with regard to access to mainstream benefits. As noted above, the availability and quality of counseling and case management within area shelters varies greatly. Thus, clients may not receive all the help they need

accessing governmental supports. Commission research suggests that at shelter program exit 11 percent of shelter clients receive SSI, 35 percent are accessing TANF, 43 percent receive Medicaid, and 37 percent have obtained food stamps. While the number of individuals with no financial benefits is greatly reduced, some 38 percent of shelter clients leave facilities without any resources.



Advocates note that homeless persons who lack financial resources or do not have a continued connection to government supports are at great risk for returning to homelessness. Even with mainstream resources, homeless clients leaving area shelters face barriers in their return to self sufficiency. Greater collaboration between shelter providers and governmental benefit

programs are needed to ensure that clients receive the assistance they are eligible to receive.

**Transitional Housing in the Western New York**

Under the current HUD definition, transitional housing programs offer housing and support services to homeless clients for a maximum of two years. The goal of these programs is to promote self-sufficiency and to help clients obtain permanent housing. Transitional programs may target any homeless subpopulation, including persons with mental illness, persons with AIDS, substance abusers, runaway youths, victims of domestic violence, or homeless veterans. The Erie County Commission on Homelessness also includes transitional programs that house recently paroled individuals who would otherwise be considered homeless.

There is a great deal of variability in the accommodations provided by the transitional housing programs in our area. The number of beds per facility ranged between six and 166 beds with a total capacity of 600-700 beds/openings. The majority of transitional housing facilities serve only unaccompanied individuals with just six organizations specifically serving families. Over the last several years, a growing need for transitional family dwellings has been identified especially for teen-parent headed, other-headed, and two-parent families.

A brief summary of the transitional housing currently available is offered below:

- Casa di Vita is part of the Alcohol and Drug Dependency Services organization. It is an eighteen-bed halfway house for women in need of support while in recovery.
- Ivy House is an addiction treatment program for predominately homeless adult males (adolescents are possible clients). There are seventeen individual rooms available in the program. The program is part of Alcohol and Drug Dependency Services program.
- Alcohol and Drug Dependency Services offers a Residential Program, which provides treatment for individuals with addiction problems. The program focuses on the urban poor and underserved populations. There are fifteen bedrooms for unaccompanied individuals.
- Benedict House provides housing and supportive services to individuals living with AIDS. Housing includes 24 single rooms (with supportive services) and ten permanent housing apartments.
- Bissonette House is a residential program for men recently released from prison or men on probation. Bissonette House offers room and board as well as a supportive environment as the transition from prison to independent living is made.
- Buffalo Halfway House is a community correctional facility, which serves individuals recently released from federal or state prisons. The facility is also an alternative to incarceration program. Housing is available for 51 individuals in total. Clients are also provided counseling, shelter, and meals to assist them in refraining from criminal activity.

- Cazenovia Manor is part of Cazenovia Recovery Systems. It is a residential treatment program for chemically dependent homeless men and women. It is a two-story apartment building with 2-3 bedrooms and community kitchen.
- New Beginnings is part of Cazenovia Recovery System. This residential treatment program is for chemically dependent men who live in an apartment building with 2-3 person bedrooms. The program goals include abstinence, employability, education, access to medical system, and living skills.
- Turning Point House is part of Cazenovia Recovery Systems organization. Turning Point House provides residential treatment to 21 drug and alcohol dependent males who are otherwise homeless.
- Cazenovia Recovery Systems is also in the final stages of implementing its Visions Place project. The program will provide specialized treatment services in a residential setting for homeless individuals with co-occurring disorders of mental illness and chemical addiction or substance abuse.
- Erie County Living Opportunities of DePaul Transitional Housing targets services to adult residents of Erie County who have a serious and persistent mental illness and are homeless. A total of 34 individual apartments are available.
- Filmore-Leroy Area Residents Association's Teaching and Restoring Youth is a transitional housing program for young women aged 16-25 who have experienced sexual abuse, violence or exploitation. The facility can house up to ten program participants.
- The Franciscan Center is a dual runaway /homeless youth shelter offering short-term emergency shelter (6 beds) and a long-term transitional living program (8 beds) for males age 16-20 years.
- Gerard Place is a religious-based organization that offers transitional housing to homeless single-parent families in order to strengthen families and to achieve quality of life and self-sufficiency. There are fourteen family apartments available.
- Homespace Corporation, Inc. runs a transitional housing facility that provides support services to homeless, single parent families. Parents must be between 18-25 years of age (can house 16-17 year olds in special circumstances). Homespace Corporation offers twelve, two-three bedroom apartments, intensive home-based services, and support.
- Paradise House provides temporary housing to women recently out of jail, prison, or drug rehabilitation. The program uses a "family style"

approach to assist women moving into a new stage of life. The halfway house provides 16 beds for individuals and there are a total of fourteen family dwellings (12 single-unit apartments, 1 supportive living apartment, and 1 house for client who works for Paradise House).

- Women for Human Rights and Dignity - Dignity Circle Apartments accommodate individuals who are homeless or at risk for homelessness. Dignity Circle includes ten single home apartments. All apartments are family dwellings.
- Women for Human Rights and Dignity – Dignity Village provides transitional housing to women who are homeless and their children.
- The YWCA Transitional Housing Program offers transitional housing and housing with supportive services to female-headed single parent families or families with children in Foster Care/CPS. The program assists women who are trying to get their children back. The North Street residence accommodates a total of 23 individuals. Seven single women (with mental health concerns) live in the cottage facility, and there are a total of 23 scattered site apartments in Buffalo, four apartments in Amherst for victims of domestic violence, and two apartments in the Southtowns area.

In addition to the programs listed above, several new transitional housing programs are planned while others will expand their services. Through its 2001 Continuum of Care Competition, the U.S. Department of Housing and Urban Development made funding available for the following transitional housing projects. Most of these programs will serve homeless families and assist in closing the existing gap in services.

- ✓ The Erie County Department of Mental Health will provide rental subsidies and support for homeless individuals with a dual diagnosis of Serious Mental Illness and Substance Abuse.
- ✓ The YWCA of Western New York is planning a single-site transitional housing program for single mothers and their children with preference given to families escaping from domestic violence. The program will be located in Southern Erie County.
- ✓ Paradise Opportunities, Inc. will expand housing services for female addicts and their children as they leave jail, prison, drug rehabilitation, or life on the streets or in shelters. One of the primary goals of this program is family reunification and stabilization.
- ✓ Recognizing a need for cultural sensitivity, Hispanics United of Buffalo is developing a transitional housing facility for Hispanic victims of domestic abuse.

Most transitional housing programs receive some form of congregate care funding or a special

shelter rate agreement. Funding is also provided by: NYS Office of Child and Family Services, the Erie County Department of Mental Health, Federal Bureau of Parole, NYS Division of Parole, the United States Department of Housing and Urban Development, Private Foundations, Private Donations, and United Way of Buffalo and Erie County.

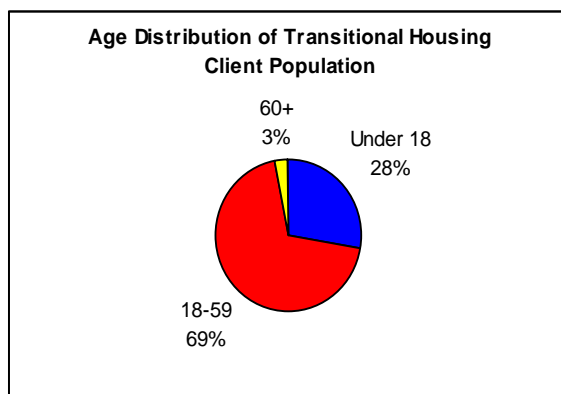
### *Transitional Housing Regulations and Operations*

Transitional housing clients are typically referred to programs by the legal or criminal justice system, treatment programs, community agencies, government organizations, and families. Clients also learn about facilities through word of mouth and connection to emergency shelters. Self-referrals are possible for some facilities. Most facilities have a formal referral procedure in place. These referrals can be made by: physicians, social workers, psychologists, Department of Social Services, mental health counselors, and substance abuse counselors.

Facilities have explicit regulations about behavior while in residence. In most cases, individuals must demonstrate that they are following the rules of the facilities especially with regard to drug and alcohol use and violence toward self or others. Programs also tend to have a specific visitor policy including visiting hours, sign in/out, and rules about overnight passes. Few programs allow overnight guests in residence.

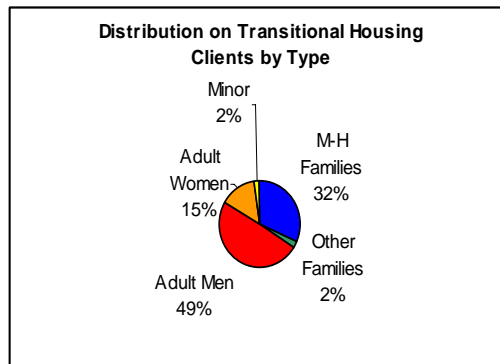
Most facilities operate between 90-100% capacity at all times. Typically, family facilities operate at 95-100% at all times. Individual facilities range between 85-100% occupancy. Both facility types maintain waiting lists for clients. While stay in transitional housing programs is typically available for up to two years, most clients do not stay the entire time. The distribution of length of stay is somewhat bimodal. For the most part, clients in recovery-based and parole/alternative to incarceration programs stay three to six months while families and clients with mental health issues stay on one full year. Program stays tend to be voluntary. In most cases, the decision about whether to allow an individual to return to a program is based on availability, individual need, and progress. The majority of transitional housing facilities allow return stays. A discussion of transitional housing clients follows.

### *Transitional Housing Clients*



As with shelters, children make-up almost a third of all transitional housing clients. Most transitional housing programs are geared toward serving unaccompanied adults especially those seeking the provision of mental health services or drug and alcohol recovery within the homeless population. The need for resources for elderly homeless individuals over the age of sixty is apparent. On the whole, transitional housing programs indicate that they have limited ability to tend to physically disabled clients (e.g., wheelchair bound, non-ambulatory, those unable to engage in self care).

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programs that can accommodate two-parent, father-headed, or teen-headed families remain scarce.



the eligibility requirements of transitional housing programs in Erie the homeless population living in transitional housing is predominately unaccompanied individuals (64%). them, unaccompanied adult males are identified as the largest group. four percent of those who live in transitional housing programs are categorized as families. Female-single parent families with minor are the most common among them

As noted above, transitional housing

### *Primary Reasons for Entering Transitional Housing*

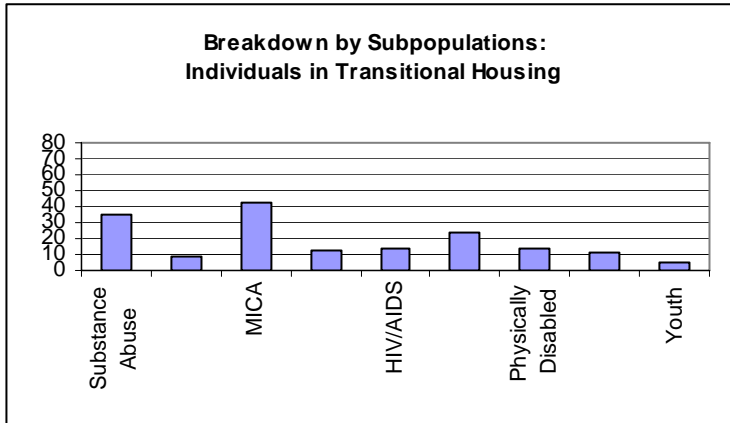
Many transitional housing clients enter this part of the homeless service system through shelters and are connected to agency-level care continuums. However, in the majority of programs, clients are not required to go through the emergency shelter system in order to receive services. This is especially true among specialized service providers (i.e., recovery houses, halfway houses). The top five most commonly cited primary reasons for entering transitional housing include: drug and alcohol treatment, mental health services, violence in the home, family problems, no residence, and runaway/throwaway. Other reasons include institutional release (e.g., hospital, prison, or treatment) and housing unsatisfactory.

### *Homeless Subpopulations in Transitional Housing*

#### *Individuals*

Facilities that serve individuals are likely to work with clients dealing with substance abuse issues, mental illness and chemical addiction (MICA), severe and persistent mental illness, and domestic violence issues. Like emergency shelter providers, transitional housing facilities must be able to access specialized counseling and other services. Because transitional housing programs are likely affiliated with larger organizations, this tends to be less problematic for many programs. Of special concern are clients who engage in problem behavior or have histories of predatory or antisocial behavior. Placement options are needed for these difficult-to-serve clients.

Compared to family-focused providers, individual-focused transitional housing facilities are likely to work with more veterans, developmentally disabled clients, and clients with HIV/AIDS. These groups have a variety of special needs including medical assistance and information about area resources (especially for veterans).

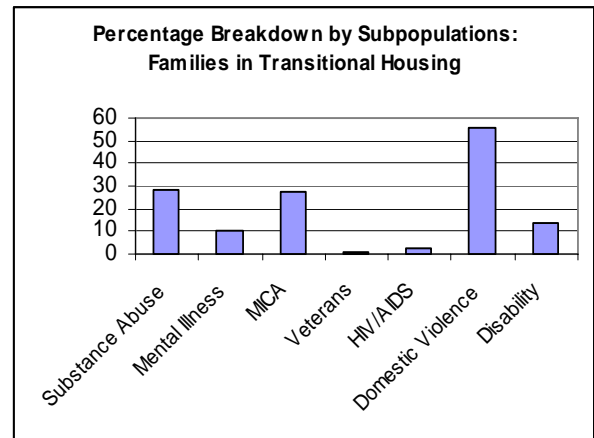


Finally, due to the fact that many of the unaccompanied individuals living in transitional housing facilities are dealing with substance abuse, mental illness, and domestic violence issues, clients may need additional support as they return to the community. Advocates recommend that more extensive follow-up and adjustment services be provided to these individuals including extensive case management, aftercare services, assistance with independent living,

and more vocational and educational enhancements. Additionally, service providers also recommend that clients be offered assistance when locating safe and affordable housing, as well as rental subsidies, single room occupancy apartments, and help with moving (including expenses, moving help, furniture, start-up materials).

### *Families*

While there are large proportions of clients dealing with substance abuse and/or mental illness, the majority of homeless families accessing transitional housing have experienced domestic violence. As with individuals in emergency shelters, these individuals and their children need additional counseling and care services related to their abuse history. Families in transitional housing may also require other special assistance including child-care payments, insurance, assistance with transportation, and rental subsidies. The majority of transitional housing facilities are unable to accommodate these requests at this time. However, a number of family transitional housing programs plan to expand services or open new beds within the next few years.



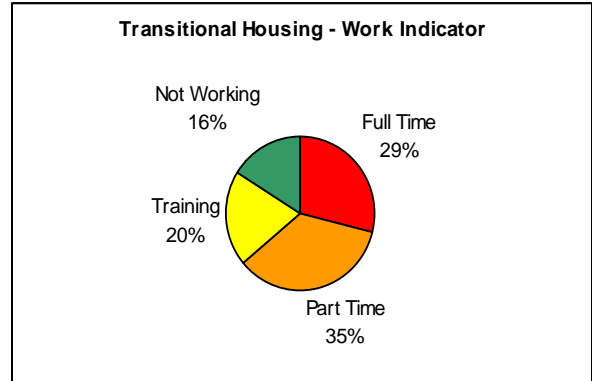
### *Client Resources*

Transitional housing programs are able to provide a variety of supplement services including case management, counseling, referrals to housing providers, educational and vocational training, limited transportation, and life skills development. Like emergency shelters, the level of service availability among transitional housing providers varies greatly based on financial and staffing constraints.

Employment among clients in transitional housing is more common than in emergency shelter programs. Among those eligible to work, a full 64 percent of transitional housing clients work in a part- or full-time capacity. In addition, another twenty percent receive training or educational assistance. Only sixteen percent of clients are not working.



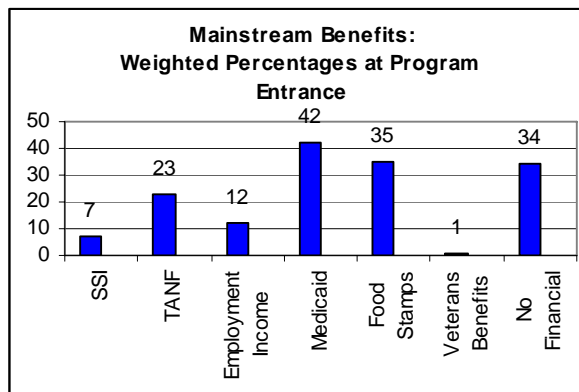
For a number of transitional housing clients, part- or full-time work or educational training is built into program requirements. In other transitional housing programs (especially those dealing with substance abuse treatment and mental health services), work or education training is often restricted to a certain number of hours and can be prohibited altogether for a period of time.



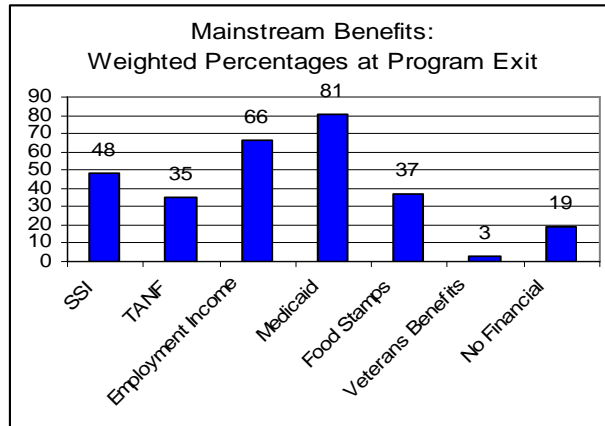
Transitional housing clients typically work in low-wage positions or through job training programs. A key concern expressed by transitional housing providers is the availability of better paying jobs. Respondents frequently describe frustration with the fact that clients could not find decent paying jobs following their training period. A possible solution to this program would be to develop training programs that link clients with needed local industry or service fields including computers, construction, data entry, nursing, or home care.

Finally, access to mainstream resources is more commonly seen at both entrance into and exit from transitional housing programs. As transitional housing clients are frequently connected to the homeless service system prior to admission into programs, they are more likely to be receiving some form of governmental assistance. Here again, case workers and counselors play an important role in the facilitation of that process.

First, we analyze the use of mainstream resources by clients at transitional housing program entrance. At that time, some 42 percent of clients access Medicaid while 35 percent receive food stamps. Almost twenty-five percent of clients are receiving Temporary Assistance to Needy Families. Less than fifteen percent are working full or part-time at program entrance and only seven percent are receiving SSI. Only one percent of transitional housing clients receive Veterans Benefits and 34 percent enter transitional housing programs without any financial resources. However, by the end of their program stay, most clients are connected with governmental assistance programs as they move from



transitional housing into either permanent supportive housing or return to community living.



Looking at exit figures, one can see increases in the use of all mainstream resources. The most significant increases are seen for SSI (48%) and Medicaid (81%). Notably, receipt of these mainstream resources plays an important role in determining eligibility for permanent supportive housing programs. Large increases are also seen for TANF and employment income in part due to work requirements imposed by the passage of the Personal Responsibility and Work Opportunity Reconciliation Act

(PRWORA) in 1996. TANF Participants are required to work to receive assistance. Unfortunately, nearly twenty percent of transitional housing program participants leave programs without any financial benefits.

### ***Permanent Supportive Housing in Western New York***

Permanent Supportive Housing Programs provide long-term housing assistance with support services for formerly homeless clients. Examples include the Shelter Plus Care Program, the Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings, and the Permanent Housing for the Handicapped Homeless Program administered by the Department of Housing and Urban Development (HUD). According to HUD, these federal programs require clients to be both homeless and disabled. In order to meet set criteria, a person must have a disability that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is such a nature that the disability could be improved by more suitable housing conditions. The disability may be physical, mental, or emotional impairment, including impairments due solely to alcohol or drug abuse. Targeted disabilities include severe mental illness, chronic alcohol or other drug abuse, AIDS or related diseases, and severe, chronic developmental disability. In the case of a homeless family, at least one adult member must be considered disabled.

Permanent Homeless Housing programs also include specific set-asides of assisted housing units or housing vouchers by public housing agencies or others as a matter of policy, or in connection with a specific program (e.g., the HUD-VA Supported Housing Program). Permanent housing programs do not include public housing, Section 8, or federal, state, or local housing assistance programs for low-income individuals that do not include a

specific set-aside for homeless clients, or for which homelessness is not a basic eligibility requirement.

A list of permanent housing programs is provided below:

- McKinley Square, operated by Living Opportunities of DePaul, offers housing to 24 homeless individuals. The program and its facility have undergone extensive renovation over the last year.
- Erie County Living Opportunities of DePaul Shelter Plus Care Programs target services to adult residents of Erie County who have a serious and persistent mental illness and are homeless. A total of 73 scattered site apartments are available through various programs.
- HELP Buffalo operates a twenty-five unit, service enhanced, single room occupancy housing complex for homeless or formerly homeless individuals. Maintenance, security, and supportive services are provided to ensure residential and community stability.
- Housing Options Made Easy, Inc. provides rental assistance and supportive housing for individuals with Axis I psychiatric diagnosis. The program is not-for-profit and peer run.
- Lakeshore Behavioral Health – Homeless Services Program provides rental assistance and services to homeless individuals who have demonstrated an ability to live independently in the community. The Department of Housing and Urban Development funds 35 program slots. The program was able to increase the number of openings to 60 through reinvestment.
- Transitional Services, Inc. has a Shelter Plus Care and Permanent Supportive Housing Program that offers residential rehabilitation in Erie County to individuals with a serious mental illness. There are 88 openings available in these programs.

In addition to these programs, Rental Assistance Corporation, Buffalo Municipal Housing Authority (BMHA) and Belmont Shelter Corporation have a percentage of Section 8 vouchers and certificates available to qualified applicants.

### **Permanent Housing Regulations and Operations**

As noted above, permanent housing facilities generally require that clients have a disability as part of their eligibility requirements. For example, the HUD Shelter Plus Care grant program links federally provided rental

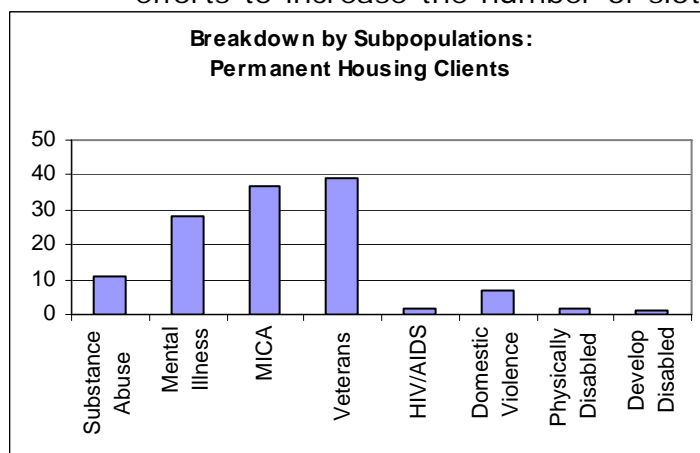
assistance with locally provided supportive services for homeless person with disabilities and their families. The rental assistance may be tenant-based, sponsor-based, or project-based. Tenant-based and project-based assistance is comparable to that provided under Section 8 with the exception that recipients may be required to live in a specified area or building for the entire period of their participation. Recipients of sponsor-based assistance must reside in buildings owned or leased by the sponsoring agency.

HUD's Section 8 Moderate Rehabilitation Assistance for Single Room Occupancy (SRO) funding program makes project-based Section 8 assistance available to owners of rehabilitated SROs that provide permanent housing to persons who are homeless.

### Homeless Subpopulations in Permanent Housing

Because permanent housing is typically linked to individuals, the Commission provides information only on clients accessing permanent housing. Notably, a number of permanent housing providers offer rental assistance that actually supports the client's entire family. The number of subsidies for families is as high as 30 percent for some providers. The Commission estimates that twenty percent of persons living in permanent housing (particularly, scattered site apartments) are family members. Housing providers often suggest that there is a greater need for permanent housing options for individual clients and their families.

Permanent supportive housing programs are especially beneficial to clients as they leave transitional housing or treatment programs. Despite various efforts to increase the number of slots available through reinvestment and



other strategies, providers consistently employ waiting lists to manage the number of requests received. Several providers have highlighted the need for more programs especially those able to assist difficult-to-serve clients, including the MICA subpopulation. The Erie County Department of Mental Health has requested funds for such programs over the last three years. However, the need continues to be greater than the

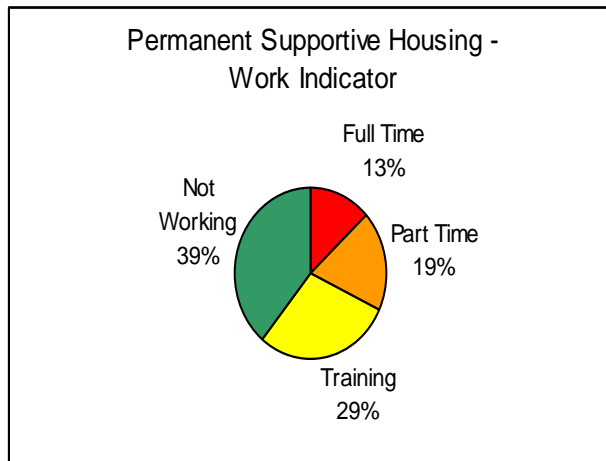
current permanent housing supply.

Among clients currently accessing permanent housing in Erie County, military veterans (39%) and MICA populations (37%) are most commonly seen. Many service providers have reported increases in the number of MICA clients seen and describe the need for specific support services to assist them in the community. Military veterans have many of their needs met

through the Veterans Administration. However, dental care for military veterans is lacking and is desperately needed. In addition to these subpopulations, clients dealing with mental illness (27%) and substance abuse (12%) are also commonly seen.

### *Client Resources*

Permanent housing providers are typically linked with larger organizations and clients receive services as part of their housing. Several service providers call for increased connections between service providers and shelter and transitional housing providers to facilitate movement through the Continuum of Care. This is especially important for clients leaving treatment facilities or difficult-to-serve populations.



Compared to transitional housing programs, employment in permanent housing programs is more limited with 37 percent of clients participating in full- or part-time work or training. Twenty-four percent of clients are ineligible for work due to disabilities. This leaves 39 percent of permanent housing clients who are considered eligible but not currently engaged in work activity. Here again, providers may need to assist clients by connecting them with providers that offer skill building or work preparation.

Likewise, client access to work opportunities may be limited due to program restrictions.

Most permanent supportive housing clients are accessing mainstream resources, specifically SSI, Medicaid, and Food Stamps. Disability status is also an eligibility requirement for program entrance for permanent supportive housing facilities.

## **Priority Homeless Needs**

1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.

2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.

3-5 Year Strategic Plan Priority Homeless Needs response:

**Priority Homeless Needs**

Erie County uses a variety of different data collection techniques and strategies to obtain an accurate representation of homelessness and services available in the local community. This effort is part of on-going research and includes mail surveys, interviews with key personnel within area organizations, focus groups with current and formerly homeless individuals, single point-in-time data collections, and the use of administrative records from outreach programs.

Erie County also relies on input from service providers, current and formerly homeless individuals, and private citizens to determine areas of concern in the community, particularly unmet needs. The community then uses data collected through the point-in-time data collections and community information to determine priority homeless needs.

Much of the research used in Erie County is conducted by the Data Collection Committee of the Erie County Commission on Homelessness (ECCH). The committee works with ECCH's Associate Director to design of survey instruments and data tools to collect information on individuals and families in emergency shelters, transitional housing, and permanent housing facilities. Before implementation, all of the data collection tools are brought before ECCH members to ensure that they are complete. Commission members are asked to provide feedback regarding instruments and are invited to identify additional areas of inquiry. Information gathered is then shared with the ECCH membership during regular meetings and forwarded to the ECCH Community Needs Committee.

The Community Needs Committee uses the information generated by the Data Collection Committee when developing the Homeless and Special Needs Population chart (1A). Additionally, the Community Needs Committee also does outreach work with representatives from each of the sub-populations in order to identify new resources in the local community as well as changing needs. In this way, the Community Needs Committee draws on data as well as the personal experiences of professionals in the community.

The information is then sent to the Erie County Priorities Committee. This committee is composed of representatives from each identified sub-population within the homeless community in Erie County. City and county government officials, as well as housing developers and other community citizens, are also asked to sit on this committee. Representatives have a

working knowledge of the services available to each subpopulation as well as an understanding of current needs. Committee members are asked to research materials and evaluate them based on their knowledge of need. In addition to this process, committee members also conduct site visits or hear presentations from community agencies. The committee then meets to discuss their evaluations and develops the homeless priority needs list.

Finally, the Oversight Committee provides a check and balance on this process to ensure that committees have worked within the guidelines established by the Community Needs Committee. The Oversight Committee, which includes community leaders, private citizens, and current and formerly housing individuals, outlines specific goals to meet community needs as well as action steps to accomplish these goals.

Based on the results of this comprehensive homeless planning process, Erie County has identified five priority homeless need areas. They include use of housing first models and special assistance to difficult-to-serve clients, housing placement and services for diverse homeless families, increased access to mental health, addiction, and domestic violence counseling and services, and promotion of stability through employment and supplemental resources.

- First, special supportive services and housing options are needed for difficult-to-serve homeless individuals. These clients may not be eligible for or interested in traditional services. As a result, it is important to utilize innovative service delivery and “housing first” permanent housing models to ensure that these individuals have their basic needs met.
- Second, homeless service providers have identified increases in the number and diversity of homeless families. Programs must have greater flexibility and housing placement options available to all family types. Beyond this, programs should also make special outreach efforts to prevent family homelessness. Connections with outreach services and government benefits programs may be helpful in these efforts.
- Third, because many homeless clients are dealing with substance abuse, mental illness, and domestic violence issues, additional services are in order to assist individuals as they work toward self-sufficiency. These resources should be easy-to-access and must include extensive case management and independent living skills.
- Fourth, in order to increase the likelihood of a successful reintegration into the community, homeless individuals need educational and vocational training that will enable them to gain employment. Likewise, they need specific skills that will enable them to make a reasonable income and to maintain their household. Supplements including low-cost medical insurance, childcare, transportation, and utility assistance can provide further assistance to homeless families.
- Finally, the importance of mainstream resources cannot be understated. By utilizing supports from federal, state, and local government, homeless persons can prevent the movement into homelessness or begin the transition back to self sufficient living.

## Homeless Inventory (91.210 (c))

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

3-5 Year Strategic Plan Homeless Inventory response:

Data from the May 20<sup>th</sup> 2004 point-in-time data collection was used to complete the chart information. In addition, administrative records from two local outreach programs were used to identify the number of unaccompanied individuals and family members that remained unsheltered on the same date. These methods yield accurate, unduplicated counts and are both cost and time efficient.

The point-in-time enumerations were conducted by the Erie County Commission on Homelessness (ECCH). As part of this data collection, respondent agencies complete a survey and chart detailing their services and the number of unaccompanied individuals, families, and family members housed in or leaving the facility over a twenty-four hour period. Respondents also provide information about client demographics, homeless subpopulations, previous location, and reasons for homelessness. More specifically, respondents provide information about client sex, age, race, whether they were unaccompanied or part of sheltered family, and the number of family members. Homeless subpopulation categories include mental illness, substance abuse, dual diagnosis (mentally ill and chemically addicted), victim of domestic violence, youth, living with HIV/AIDS, and veterans.

Respondents also provide specific information about the number of individuals and families that were turned away from the facility without receiving services during that time period. The report covers all emergency shelters, temporary facilities, transitional, and permanent supportive housing facilities in Buffalo and Erie County.

Surveys and charts were mailed to homeless housing providers by the Erie County Commission on Homelessness staff on May 10<sup>th</sup> in preparation for this data collection. Follow-up calls with each provider were completed by May 30<sup>th</sup>. The Associate Director for the Erie County Commission on Homelessness (Diane Bessel) is responsible for conducting the monthly point-in-time data collection and for analyzing all the data received. The information is compiled in a monthly report.

In the past, the Erie County Commission on Homelessness found it difficult to determine the number of individuals from various homeless subpopulations and/or the chronically homeless. The Commission was forced to ask area service providers to draw on their knowledge of their clients in order to identify the subpopulations they were seeing at their facility over time. After identifying each of these groups, providers were then asked to indicate the percentage of clients that fell into each subpopulation category, providing a crude estimate of the homeless subpopulations. These estimates were used to identify areas of particular need. However, with the advent of the monthly point-in-time data collection, the Commission is now able to obtain a much more accurate picture of the homeless subpopulations found in Erie County. Over the last three years, this method has proven to be extremely helpful in gaining a more accurate understanding of local homelessness.

The monthly point-in-time data collection survey and chart makes it possible to enumerate each client and to use actual client histories to discuss the nature of issues they are facing (including mental illness, substance abuse, domestic violence, etc). This process eliminates the need to estimate the types of subpopulations found in our community and makes it easier to plan necessary and needed services. Specific information about chronic homelessness has recently been included on the monthly point-in-time data collection forms in accordance with



HUD's new definition. As a result, it is now possible for the Commission to accurately reflect the needs of this difficult to serve homeless population.

In order to obtain useful information about the unsheltered population, the Commission enlists the aid of Crisis Services Homeless Program Mobile Street Outreach (Kelly Bobbitt) and the Homeless Services Program at Lake Shore Behavioral Health (Eric Weigel). These two programs have direct contact with the street homeless population. By referencing and comparing their current caseloads, the directors of these programs work together to calculate the number of unsheltered individuals and families. Using this method, the organizations develop an unduplicated count of the unsheltered, which includes information about client demographics, homeless subpopulations, and reasons for homelessness.

Similar work is done by Crisis Services Homeless Program Mobile Outreach Team and Lake Shore Behavioral Health's Homeless Outreach Program when tracking the chronically homeless who remain unsheltered. These organizations are responsible for providing an accurate count of unsheltered individuals in Erie County, New York. To facilitate this activity, these providers have also included a chronically homeless indicator on their client records making it possible to monitor this group more carefully.

## Fundamental Components in Continuum of Care System - Housing Inventory Chart

### EMERGENCY SHELTER

		Target Population		2004 Year-Round Units/Beds			2004 All Beds	
Provider / Facility Name		A	B	Family Units	Family Beds	Individual Beds	Year - Round	Seasonal
<b>Current Inventory</b>								
Alcohol & Drug Dependency Services		M				28	28	
American Red Cross		M						Victims of Disaster
City Mission		SM				156	156	
Cornerstone Manor		M				60	60	
Community Action Organization		M		5			5	
Community Services for the Developmentally Disabled		M	DV			23	23	
Compass House		SMF				13	13	
Franciscan Center		YM				6	6	
Haven House		M	DV			36	36	
Interfaith Hospitality Network		M			16		16	
Little Portion Friary		SMF				26	26	
Salvation Army Family Emergency Shelter		M				77	77	
St. Luke' Mission of Mercy		SM				18	18	
Transitional Services, Inc.		M				10	10	
Traveler's Aid								DDS Contract
Vive Las Casa						102		Refugees
		<b>SUBTOTAL</b>						
		<b>L</b>						
<b>Under Development</b>								
		<b>SUBTOTAL</b>						
		<b>L</b>						
<b>TRANSITIONAL HOUSING</b>								
		Target Population		2004 Year-Round Units/Beds			2004 All Beds	
Provider Name	Facility Name	A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal
<b>Current Inventory</b>								
Alcohol & Drug Dependency Services	Case di Vita	M				18	18	

Alcohol & Drug Dependency Services	Ivy House	SM				17	17	
Alcohol & Drug Dependency Services	Residential Program	M				15	15	
Benedict House		M		10		24	34	
Buffalo Halfway House		M				51	51	
Cazenovia Recovery Systems	Cazenovia Manor	M		2			2	
Cazenovia Recovery Systems	New Beginnings	SM				16	16	
Cazenovia Recovery Systems	Turning Point House	M				21	21	

Housing Inventory Chart, continued								
		Target Population		2004 Year-Round Units/Beds			2004 All Beds	
Provider Name	Facility Name	A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal
Erie County Living Opportunities of DePaul		M				24	24	
Filmore-Leroy Area Residents		SF				10	10	
Franciscan Center		YM				8	8	
Gerard Place		FC		14			14	
Hope House		SM						
Homespace Corp		M				36	36	
Paradise Opportunities	Paradise House	SF		14			14	
WNY Veterans Housing Coalition	Mayday House	M				21	21	
Women for Human Rights & Dignity	Dignity Circle Apts	M		10			10	
Women for Human Rights & Dignity	Movin' On Transitional House	SF				9	9	
Women for Human Rights & Dignity	Women's Residential Resource Center	SF				10	10	
YWCA Transitional Housing Program		M						
		SUBTOTAL						
Under Development								
		SUBTOTAL						

		L						
<b>PERMANENT SUPPORTIVE HOUSING</b>								
		Target Population		2004 Year-Round Units/Beds				2004 All Beds
Provider / Facility Name		A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal
Current Inventory								
		SUBTOTAL						
Under Development								
		SUBTOTAL						

**Table 1C**

Summary of Specific Homeless/Special Needs Objectives

<b>Obj #</b>	<b>Specific Objectives: Homeless</b>	<b>Performance Measure</b>	<b>Expected Units</b>	<b>Actual Units</b>
1	<b>Homeless Housing:</b> Create Safe Haven Permanent Housing Project for hard to serve chronically homeless individuals	<ul style="list-style-type: none"> <li>Find appropriate funding and project developer for project and submit application for SAMHSA or CoC funding competitions</li> </ul>	25 units	
2	<b>Homeless Housing:</b> Target Homeless Assistance SHP funding for capital to develop or rehab an additional 100 new units of permanent housing.	<ul style="list-style-type: none"> <li>Find 100% match from State, County, and other resources to fund Supportive Housing Initiatives</li> </ul>	100 Units	
3	<b>Prevention:</b> Better coordinate use of mainstream resources as distributed by governmental agencies. All eligible persons who apply for assistance should receive proper referrals, all benefits for which they are eligible, and dignified treatment from those charged with helping them.	<ul style="list-style-type: none"> <li>Monthly meetings between service providers and governmental agencies will be utilized to address gaps in service and problems with benefit delivery.</li> <li>County will deliver services in a friendly, fast, manner which recognizes the significant needs of low-income persons and will work to insure that those eligible for benefits receive every resource available so that they will have the best opportunity to succeed.</li> </ul>	Does Not Apply	
4	<b>Coordination:</b> Develop Ten Year Comprehensive Plan to End Chronic Homelessness	<ul style="list-style-type: none"> <li>Convene Community Forums</li> <li>Best Practice model review</li> <li>Environmental Scan</li> <li>Development of plan</li> </ul>	Does Not Apply	
5	<b>Information Sharing:</b> Homeless Management Information System Implementation	<ul style="list-style-type: none"> <li>Begin HMIS piloting at Cornerstone Manor and The Salvation Army – Family Emergency Shelter.</li> <li>Finalize data protocols and training for remaining shelter and temporary facilities; launch HMIS in all area shelters and temporary facilities</li> </ul>	Does Not Apply  Does Not Apply	
6	<b>Information Sharing:</b> Complete a county-wide street enumeration and survey of chronically homeless persons in all areas of Erie County	<ul style="list-style-type: none"> <li>Complete long and short form surveys</li> <li>Train 150 volunteers</li> <li>Identify key locations for survey administration</li> <li>Complete Survey</li> </ul>	Does Not Apply	

7	<b>Outreach and Assessment:</b> Improve outreach efforts to at risk, homeless, and chronically homeless individuals	<ul style="list-style-type: none"> <li>• Coordinate with existing outreach activities and drop-in programs.</li> <li>• Invite interested consumers to attend committee meetings to provide their perspective on activities needed to better serve the chronically homeless.</li> </ul>	Does Not Apply	
8	Create protocols for introducing new projects to the neighborhoods for which they are intended to reduce NIMBY-ism	<ul style="list-style-type: none"> <li>• Seek out involvement from neighborhood organizations, municipalities, elected officials, service providers, and clients</li> <li>• Conduct a facilitated workshop to determine best practices for site selection and community education.</li> </ul>	Does Not Apply	

## Homeless Strategic Plan (91.215 (c))

1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.
2. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.
3. Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.
4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.
5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or systems of

care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

3-5 Year Homeless Strategic Plan response:

**Homeless Strategy**

In an effort to meet the needs of homeless persons in our community, Erie County has developed several key strategies to specifically address these issues.

**Improved Information Sharing**

To better understand the use of the current homeless continuum of care system, Erie County has decided to implement a community-wide Homeless Management Information System (Buffalo Area Services – Network). The Erie County Commission on Homelessness (ECCH) was awarded funding through the HUD Homeless Assistance Continuum of Care Competition and these monies will be used to purchase computer equipment, software licensing, and internet connectivity for 42 provider locations. The funds will also be used to finance two positions (HMIS Coordinator and PC Support Specialist) including salaries, benefits, and hardware.

Already responsible for homeless data collection in Western New York, ECCH will be responsible for the central administration of the HMIS as well as coordination of service providers and data reporting. Working with housing providers, ECCH will be able to collect unduplicated counts of homeless clients accessing services throughout the Erie County Continuum of Care.

HMIS planning has been ongoing in the Erie County community since June 2001. To begin this process, the ECCH implemented point-in-time data collections in all area homeless shelters and transitional and permanent supportive housing providers. These data collections take place on the 20<sup>th</sup> day of each month. They have enabled ECCH to clarify questions and concerns about data collection while developing a culture in which regular data collection is completed accurately. Participation rates range between 90-100 percent monthly and ECCH has developed a solid working relationship with each homeless housing provider while learning about their unique data needs.

As part of its implementation strategy, the ECCH tasked one of its committees with discussing the benefits of an HMIS for the community. The HMIS Coordination Committee was granted funds through the City of Buffalo to investigate the requirements for implementing an HMIS and was able to research various system designs. The group decided that an internet-based data entry system would provide the best fit and has selected the

ServicePoint system available through Bowman Internet Systems as its HMIS solution.

Acting on behalf of ECCH, the HMIS Coordination Committee also began meeting with homeless housing providers in 2002 to establish interest and encourage participation in an HMIS project. Through scheduled workshops, lab sessions, and community presentations, representatives from homeless housing and service organizations were provided information about HMIS and the community implementation strategy. The input of homeless service providers was also included in the decision making process. To date, thirty-five organizations have expressed definite interest in participating in the system, totaling 90 percent of the homeless beds/units in the Erie County Continuum. Seven additional facilities are expected come on board in the next year. Additionally, HMIS participation is now a requirement for homeless organizations receiving HUD funding in Erie County.

ECCH has forwarded its technical submission to the local HUD office for review and will have contracts finalized by September 2004. Contract negotiations with Bowman Internet Systems have been on-going over the last year and should be completed by September as well.

In addition to the HMIS system, Erie County is also investigating the size and nature of the street homeless population through an enumeration and needs identification survey. The survey, which will be undertaken in the fall of 2004, will provide specific information about street homeless populations and at-risk individuals and families. The survey will help to identify the types of services they are currently using or having trouble accessing in the local community.

Finally, Erie County will continue to draw on consumers, community members, and homeless service providers to develop a better understanding of homeless-related issues in the local area. Over the last three years, these efforts have been very successful as illustrated below:

- A need was identified by the Multidisciplinary Coordinating Council on Elder Abuse to find solution focused transitional housing for special needs populations particularly elderly victims of family violence who are unable to access the traditional shelter network. To that end, a working group was created between The Salvation Army and Catholic Charities. Through this collaboration, a new housing venture known as HEARTH (Housing Elderly Adults Requiring Transitional Help) was developed and a service plan created.
- Discharge planning, particularly at area hospitals has improved considerably with the creation of a discharge planning committee and ongoing, monthly meetings with area hospital discharge planners. Inappropriate discharges to shelters have decreased dramatically.



- Through the DSS Dialogue Committee, homeless advocates worked with the local Department of Social Services to develop a listing of area motels and hotels which can be used for emergency placement of families and individuals when shelters are full. In the past, a single motel (known for criminal activity and being unsafe) was used as an overflow shelter. The new system includes suburban locations and limited consumer choice for motel placements.

### **Outreach and Assessment Activities**

One of Erie County's overarching goals is to assist at-risk and hard-to-serve individuals and families in maintaining a safe living environment. To that end, Erie County seeks to improve its outreach and assessment efforts through proper discharge planning, use of case management and outreach teams, and community collaborations.

The Erie County Commission on Homelessness, Crisis Services, Neighborhood Legal Services, Belmont Shelter Corporation, the YWCA of Western New York, Cornerstone Manor and the Salvation Army have been working together as part of a "discharge planning subcommittee" of the Western New York Coalition of the Homeless to look at discharge policies within hospitals; jails and prisons; and other institutions. A monthly meeting has been arranged with the discharge planners of the Catholic Health System, Kaleida Health Care, and the Erie County Medical Center to address concerns with discharge planning. Despite having discharge planners, staffs in these locations often release persons to the streets or shelters. These inappropriate discharges have decreased since these monthly meetings began happening.

The discharge planning committee is now beginning to look at other areas where inappropriate discharges are happening with greater frequency. Policies from the corrections programs and law enforcement are being reviewed. The subcommittee is working toward the development of a unified discharge planning policy that does not result in homelessness. The group will continue its efforts over the months and years to come.

Another important local issue is the availability of case management for persons who are at risk for or currently intermittently homeless. To solve this problem, Erie County has developed a coordinated care coalition among street and emergency feeding program outreach workers. Outreach workers from local agencies are now meeting formally on a monthly basis to discuss difficult cases, to maximize encounters, and to work together to develop a coordinated case assessment and management plan. Coordinated efforts are not limited to these monthly meetings, however, relationships between providers and knowledge of available services has increased and is filtering into the larger community. Outreach workers are now better able to coordinate efforts and work in concert with each other on a daily basis.

Through the work of the coordinated care coalition, homeless outreach teams from Lake Shore Behavioral Health and Crisis Services are also better able to identify persons who fall into the chronic homelessness category. The outreach teams are integral to the treatment and care of the chronically homeless. Many of the chronically homeless individuals have grown distrustful of service providers or are distrustful as a symptom of their disability. The outreach teams meet individuals on a regular, repetitive, and consistent basis. This allows the outreach team members to establish trust and rapport with the individual, which ultimately will help them become connected with needed services.

Intensive case management teams are also being put to greater use among the chronic homeless population. With many homeless agencies dealing with high staff turnover and burnout, it is hoped that a team approach to case management will ease the difficulties and mistrust that can sometimes occur when a worker with whom an individual has become familiar is no longer around to help them attach to needed services.

Moving forward, Erie County also recognizes that associations with faith-based and local communities must be strengthened. Persons in need often turn to the resources immediately around them first, including places of worship and neighborhood associations. While doing good work, these groups and individuals are often unable to meet the more severe or long term needs of the homeless or those at risk of becoming homeless. Community workshops are scheduled for the next two years to help clergy and neighborhood leaders continue to learn how to make proper referrals and how to best meet the needs of those to whom they minister or serve.

### ***Homeless Housing Strategies***

The amount of emergency shelter and transitional housing available in Erie County appears to be adequate at this time. As such, the community will attempt to increase connections between these housing facilities and local social and human service agencies that offer substance abuse, mental health, and domestic violence counseling; education and job training; childcare and transportation assistance; case management; housing placement; and independent living skills classes.

In addition to maintaining emergency shelter and transitional housing options and improving collaborations between providers, Erie County also recognizes the high need to create new permanent housing options for all homeless populations, including the chronically homeless.

Erie County has committed to developing at least 100 new permanent supportive housing beds by fall 2005. These beds will assist homeless individuals and their families and will allow for greater movement through the continuum of care system.

Likewise, it is important to insure that the movement into the homeless systems enables individuals to receive the type of care they need and desire. Thus, Erie County has adopted a "Single Point of Entry" system for hard-to-serve homeless individuals. This system attempts to link these individuals with supportive housing and related services. If a provider who meets the needs of these difficult to place individuals is not found, then the case file goes to the Solution Center program for review.

Through the Solution Center, many supported housing and shelter plus care housing providers come together and adopt a team approach to meet the needs of the individual. Additional dollars are made available from county government to cover the cost of any additional services the client might need. These dollars might be otherwise unavailable to the housing provider who has offered to take on the difficult to serve client.

An important part of the on-going strategy for providing permanent housing options for all homeless clients is the establishment of a safe haven. Several drop-in centers including an all-night drop in center will serve as the feeder programs for the forthcoming safe haven. By providing "housing first," an individual will have the ability to begin work on other issues and needs in their lives enabling them to break the cycle of homelessness. The local desire to meet the chronically homeless "where they are" in terms of the services is an important one and the HUD "Safe Haven" model builds upon this idea.

#### **Prevention**

In an effort to prevent homelessness and ensure a better rate of success for homeless individuals and families transitioning out of homelessness, a self-sufficiency calculator has been developed. This internet-based application can be used by any case manager to determine eligibility levels for twelve mainstream resource supports. In Erie County, many individuals did not realize their eligibility level for many benefit programs. This application will remove barriers and help individuals and families who are either homeless or at risk of homelessness to better access needed benefits. A widespread community campaign within the service provider community has begun and the calculator should be in widespread use by September of 2004. It is expected that this calculator will dramatically increase the use of mainstream resources by low-income individuals and families.

#### **Coordination**

As part of a national effort sponsored by the United States Department of Housing and Urban Development (HUD), the Interagency Council on Homelessness, and the Bush Administration, Erie County will develop and implement a plan to end long-term or chronic homelessness in Buffalo and Erie County. Known as the PRISM Project, the initiative has five overarching goals:

PREVENTION - Expand the range and availability of homeless prevention strategies, increase immediate accessibility, and improve long-term effectiveness in order to reduce the number of chronically homeless individuals in our community.

RESOURCES - Increase awareness of and linkages to mainstream and community resources including: Medicaid, Child Health Insurance Programs, Temporary Assistance to Needy Families, Food Stamps, Social Security Insurance, and Veterans Health Care.

INDEPENDENCE THROUGH HOUSING - Expand the availability of affordable permanent housing for chronically homeless individuals by adopting a "Housing First" philosophy.

SERVICES - Improve service provision throughout the homeless continuum of care by increasing relationships among homeless housing and service providers.

MAINTENANCE – Improved follow-up and wrap-around assistance to ensure self-sufficiency.

The above-stated goals require a substantial re-orientation of the homeless service delivery system, as well as an evaluation of the use of current resources and significant cross-system collaboration. To this end, ECCH will work with its membership to develop periodic action plans that detail short-term implementation strategies and identify needed changes to the current homeless continuum of care. These action plans will form the basis of Erie County's strategy to end chronic homelessness and will make it possible to identify what additional services or linkages are needed to reduce the number of chronically homeless individuals living on the streets or in emergency shelters in Western New York.

Collaboration is a vital part of this strategy. As noted above, ECCH maintains a membership of over sixty local organizations. Importantly, these member agencies represent governmental, business, foundation, housing, and service provider interests from geographic areas throughout Erie County. Additionally, these collaborators offer specific expertise regarding homeless subpopulations including the mentally ill, substance abusers, dually diagnosed individuals, victims of domestic violence, youth, veterans, and persons with HIV/AIDS. Drawing on their understanding of these subpopulations, ECCH members will assist in developing plans that will more adequately serve those in most need.

ECCH has already begun to convene initial meetings for the PRISM Project and plans to expand its efforts by involving additional business and governmental entities in the process. Over the next six months, members of the PRISM Project team will be involved in mapping the current service

delivery system in connection with ECCH's annual data collection. In addition, team members will review nationwide "Best Practice" strategies by drawing on resources available from HUD, the Federal Interagency Council on Homelessness, and the National Alliance to End Homelessness. Following this, the PRISM Project team will be separated into (at least) five working groups and identify action steps for each of the stated goals. We anticipate that this process will take place over the course of six months to one year with implementation of the action steps taking place over a one-and-one-half to two-year period. Evaluations of the process will be on-going.

Following the initial work of the PRISM Project, Erie County hopes to expand these efforts to include homeless families and other homeless individuals.

## **Emergency Shelter Grants (ESG)**

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response:

N/A

## **COMMUNITY DEVELOPMENT**

### **Community Development (91.215 (e))**

\*Please also refer to the Community Development Table in the Needs.xls workbook

1. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.
2. Describe the basis for assigning the priority given to each category of priority needs.
3. Identify any obstacles to meeting underserved needs.
4. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

3-5 Year Strategic Plan Community Development response:  
**COMMUNITY DEVELOPMENT (NON-HOUSING)**

**a. General Background and Inventory**

*(1) Background*

- (a) Public facilities.* A variety of buildings are used for public facilities throughout the 36 Consortium municipalities. They range from dedicated buildings for senior centers and youth centers, libraries, recreation centers, police and fire stations and government centers. A majority of the structures were built in the period 1920-1950 during the early phases of urban county growth. The second growth spurt resulted in the construction of newer facilities in the rapidly growing suburban ring communities (1970-1995). Parking facilities generally are found in the villages and usually consist of open surface lots serving adjacent business districts while other parking facilities are provided with recreation and park facilities, government buildings, and community centers.

The newest senior facility was built in the Town of Newstead with Community Development Block Grant monies in 2003. CDBG-funded renovations have occurred since 2000 in the Towns of Alden, Colden, East Aurora, Elma, Lancaster, North Collins, Orchard Park, and Sardinia.

In the smaller rural communities, public facilities often serve many purposes including government offices, senior programs, youth programs, health clinics and even public libraries.

Another means of providing public facilities involves the lease or rental of private facilities which could include religious or fraternal organization-owned facilities, storefronts, and commercial buildings with the smaller facilities even located in former large residential structures. Child care centers for the most part are located in religious or educational buildings or in private commercial structures on arterial highways throughout the urban county. The majority of health facilities are owned by private organizations with the exception of the County hospital and nursing home.

Erie County maintains an extensive park and forest system located in developed and rural areas throughout the county, including golf courses, a riverfront boat launch facility and Botanical Gardens. The municipal and county park systems, are complemented by several state parks and state forests. One state park is undergoing development and a future park is in the planning stage.

In addition, the County maintains three community college campuses, the central public library, the County court building and office buildings, the holding center and County correctional facility, a juvenile detention center, alcohol rehabilitation center, emergency services training tower, a sports stadium, indoor

arena and convention center.

- (b) Infrastructure. The responsibility for infrastructure is shared amongst several large governmental agencies and the 36 local municipalities which are members of the county consortium. The Erie County Water Authority, created by New York State, is the principal provider of potable water drawn from Lake Erie and the Niagara River supplying many of the suburban second- and third-ring communities in the County. The Water Authority lease manages most municipal water systems providing system maintenance and repair and capital improvements to these systems on an as needed basis. There are several independent water systems serving the villages in the rural portion of Erie County and one private water supplier operating in a small hamlet. Most water supplies are drawn from surface waters but a small portion is also provided from six (6) ground water aquifers in the County.

The sanitary sewer system is a combination of six County sewer districts and numerous town sewer districts which have agreed to operate their systems in an integrated manner. The outlying villages provide their own sewer systems and treatment facilities whereas the County sewer districts utilize three major and two minor sewage treatment plants in the region serving 18 Consortium Municipalities. The Town of Grand Island, which is isolated by branches of the Niagara River, operates both its water and sewage systems.

Local flood protection and storm drainage are the responsibility of the individual towns and villages, with the exception of County Sewer District #6 in Lackawanna. However, in multi-jurisdictional or regional impact areas, larger entities such as the U. S. Army Corps of Engineers, the State Department of Environmental Conservation, and the U. S. Department of Agriculture's Natural Resources Conservation Service have funded flood protection/ drainage projects.

Transportation systems are the principal responsibility of the individual municipalities within their boundaries, with the interconnecting highways and regional expressways maintained by the Erie County Highway Division, the New York State Department of Transportation and the New York State Thruway Authority, respectively. A network of bicycle routes has been created over the last two (2) decades on a project-by-project basis by the state, county and municipal governments. Sidewalks are the primary responsibility of the towns and villages and they are traditionally found in residential subdivisions, hamlets and small commercial districts in several of the villages. The villages also provide sidewalk snow removal within their jurisdictions.

Solid waste disposal is handled at the municipal level through either city, town or village sanitation crews or contracting with private haulers. There are several transfer stations providing solid waste transfer services to the urban county and two active landfills plus a waste-to-energy incinerator in adjacent Niagara County which accepts municipal wastes from several Erie County communities. Most municipalities have recycling programs utilizing either the recycling box

pickup or recycling center drop off station systems. There are eight (8) inactive hazardous waste sites which are in various stages of study or remediation by federal and state agencies. Public health and development problems have been attributed to the existence of these sites throughout the urban county area.

The widespread presence of asbestos continues to be a problem in urban county housing, commercial and industrial structures and efforts to remove it will be a long-term effort due to the heavy use of this toxic material in Erie County up through the 1970's. It is found in many industrial structures, public housing projects, apartment complexes and even in single family residential structures and its removal or encapsulation, and proper disposal is required prior to rehabilitation and/or demolition.

Other infrastructure such as the electric and gas utilities and tele-communications network are owned and maintained by private sector companies except for two villages which have public utility electrical systems serving small areas in the rural part of the County. Energy supplies are obtained and distributed by three major utility companies providing electrical power to all portions of the urban county and natural gas service to approximately 80 percent of the urban county area. Fuel oil or wood is the energy source of choice where gas is not available. Propane is used for cooking and some space heating.

- (c) Public services. Erie County operates county-wide systems for the delivery of health, mental health, and social services at the community level and the community center, usually operated by a municipality or a non-profit entity, is the key mechanism through which these services are made available to the public.

At the municipal level, public services usually involve the provision of space and sometimes support staff for activity centers which provide recreation and education activities and programs. The large public service funding agencies however are the Erie County Health and Social Service Departments, Senior Services, Mental Health, and Youth Services which operate county wide program networks. Handicapped services are provided by School 84 operated by the County as well as a number of non-profit agencies which cater to their respective populations such as the blind, deaf, and those with various diseases and handicapping conditions. Employment training is provided by non-profit agencies, schools and unions through programs established to provide County-wide training and employment services to area companies and residents seeking new career opportunities.

Transportation services are provided by a number of public and non-profit as well as private organizations. A regional transportation authority operates public mass transit via both Metro bus and Metro rail facilities, although rail service is limited to the central city. The authority also runs the Buffalo-Niagara International Airport, providing intra/inter state and international air service, while nine (9) small reliever airports can be found scattered throughout the urban county to serve local and intrastate flights. Private inter-regional/state bus companies offer service via area expressways and interstate highways. Passenger and freight rail service is available from several private carriers. Lake Erie and



the Erie Canal provide the water access which the County enjoys via ocean/lake freighters and barges utilizing the Port facilities in Buffalo and Lackawanna.

Housing counseling services are provided by non-profit entities for fair housing as well as tenant-landlord and mortgage and debt counseling services. Child care services are most often provided by non-profit entities sponsored by religious and educational organizations with some supported by governmental agencies or the private sector which have on site facilities for employee day care services. Crime awareness services are provided by various schools and law enforcement agencies of Erie County and the municipal police departments throughout the urban county.

(d) Accessibility. As stated previously, in the urban county public buildings and municipal facilities were primarily built during the period 1920-1950, as Works Progress Administration and other government construction programs. Newer public structures were built in compliance with early handicapped accessibility standards, but new regulations under the Americans with Disabilities Act (ADA) have brought to light many additional improvements which are needed to make these facilities handicapped accessible. Under Section 504 of the Rehabilitation Act of 1973 the Urban County Consortium has been taking steps to insure that, to the maximum extent possible, handicapped persons receive the benefits and services of any programs or activities funded with CDBG assistance. However the size of the inventory of public and not-for-profit buildings in the urban county leaves much more to be done. Under ADA, places of public accommodation, employment, services or transportation must be available to disabled individuals, and this responsibility falls on all levels of government (public sector) and in some cases the private sector as well.

(e) Historic preservation. Erie County is blessed with a large number of older (pre-1950) structures in the urban - suburban towns and the rural areas of the county. Many structures date back to the late 1800's and there are many more in the early 1900's constructed during the rapid growth period 1920-1950. Some of these structures are under threat of abandonment, deterioration, redevelopment or new development as the needs of the community change and demands for modern facilities press for additional development of roads, housing and public and private facilities to service the population. There is a large stock of non-residential structures which are aged and or reaching obsolescence begging for preservation and/or adaptive reuse in order to maintain these structures in the historic context of Erie County's past.

Erie County also has a significant prehistory as evidenced by rich archaeological resources found throughout the area, particularly at locations of important

natural resources such as water bodies, forest lands, stone quarries, grasslands and strategic travel paths for wildlife and humans. Hundreds of sites document prehistoric animal and plant life as well as Indian civilizations and early European settlers.

- (f) Other living environment conditions: The pre-1960's origin of some of the urban county's homes, buildings and facilities, most lacking in insulation, leads to excessive energy consumption due to the energy inefficiency of both the structures themselves as well as the equipment and systems on site. Given this area's climate, many older homes and commercial structures require improvements in insulation, heating equipment, lighting and other energy consuming appliances. Both rental family housing units and rural housing units in particular require energy efficiency improvements.

A significant number of pre-1980 buildings in the urban county are in need of both assessment and potential remediation for lead based paint which is a hazard to young children exposed to such materials in these buildings.

Code enforcement is the primary responsibility of municipal governments in Erie County. Some assistance is provided by the Erie County Health Department but most of the inspections fall within the jurisdiction of the local code enforcement officers or building inspector employed by each city, town and village in the Consortium. Enforcement of national, state and local codes is vital for public health, safety and welfare.

- (g) Planning. Planning activities are carried out by all levels of government in the urban county. Primary responsibility for land use planning rests with the 36 municipalities in the consortium and some regional planning is conducted by the Erie County Planning Division, Department of Environment and Planning, and the various State agencies dealing with broader areas such as transportation, economic development, natural and environmental resources, education, health and human services.

(2) Inventory of facilities and services.

- (a) Public facilities. There are a variety of senior centers in the urban county. Fifteen (15) municipalities offer dedicated buildings exclusively for senior citizen activities, nine (9) of which received funding for improvement in the 2000 Five-Year Consolidated Plan. The majority of the remaining towns offer either a room or cluster of rooms for senior citizen activities within a community center or town hall. There are two towns that house senior citizen programs within community centers

operated by non-profit corporations. The remaining senior activity programs are housed within public school facilities. The majority of youth centers are more likely to be housed within other buildings such as recreation complexes, public school facilities or in non profit facilities such as the YMCA, YWCA or the Boys and Girls Clubs. There are several dedicated youth centers in the urban county; however, this is not typical of youth facilities in Erie County. Most day care facilities are located near the large residential areas in the suburbs, in free standing structures. Other day care programs can be found within church or non-profit facilities such as the YMCA or YWCA or in businesses and commercial centers where the facilities are usually dedicated to use by the employees of those facilities. The majority of facilities are operated by the private sector and non-profit organizations.

Numerous parks and recreation facilities are found throughout all the municipalities in the urban county. Every municipality has at least one park and several playgrounds while the larger populated communities have several parks and usually a recreation facility which contains a pool, ice rink, basketball courts and other indoor sports facilities as well as large outdoor play fields and stadiums. Erie County operates eight large regional parks, the Botanical Gardens, two golf courses, a boat launching facility and five wilderness (undeveloped) parks and eight County forests. The County also owns Ralph Wilson Stadium for large football and other recreational events. Five (5) state parks are found in the urban county Consortium, most related to waterfront areas along Lake Erie and the Niagara River. During the past Five-Year Plan, four (4) park projects were funded.

- (b) Health facilities are operated by the County and are located in the heavily populated areas centered around the City of Buffalo. The County operates one health facility in the City of Lackawanna which is within the urban county. The remainder of health services are offered through municipal community centers and non-profit operated facilities distributed throughout the urban county area. Lackawanna and most villages in the consortium own and operate surface parking facilities for public use in the business areas. Townships maintain some parking for public facilities and their parks, however most lots are small and facility related and not for the general parking needs of the business community. Nineteen (19) towns in the County maintain public library facilities and several (4) villages also maintain library facilities. The County library system offers library support services, professional staffing and book services at these municipally owned buildings. Most of the library

services, such as the bookmobiles, are housed at the central library in Buffalo. One (1) library facility was assisted as part of the past Consolidated Plan.

- (c) Infrastructure. Erie County solid waste disposal is conducted by individual municipalities through either their Public Works/Highway Departments or private contract services. Disposal occurs at two privately-owned landfills and at least one third of the waste is trucked to a waste-to-energy facility outside the urban county in Niagara Falls. Therefore, local facilities consist of several transfer stations, garbage trucks, recycling material storage and composting yards. Erie County also sponsors 4-5 Household Hazardous Waste Drop-off days which collect oil, paint, pesticides, tires, batteries and other problematic solid wastes. The Storm drainage system consists of on-site detention ponds feeding open ditches/swales in suburban and rural areas and enclosed pipes in urban areas which are maintained by the municipalities as their principal responsibility. The county, state and federal governments have responsibility for drainage along public highways and in the dense urban areas where it was not feasible to do flood control and protection facilities at the municipal level. Therefore, the U.S. Army Corps of Engineers and the New York State Department of Environmental Conservation sponsored such improvements, usually along major natural drainageways such as Tonawanda, Ellicott, Buffalo, and Scajaquada Creeks. The Natural Resource Conservation Service funds improvements, in rural areas. Flooding is generally limited to waterways and floodplains, including several lake plain areas in northern Erie County, after significant storm events. Four (4) drainage improvement projects received funding during the previous Consolidated Plan.

Public water supply is the responsibility of the Erie County Water Authority, which is a regional agency, which provides for the intake, treatment, and transmission of water to twenty-one (21) of the suburban communities in the urban county. However, there are several municipalities which operate their own systems such as the towns of Grand Island, Collins, and Holland and the villages of Akron, Alden, Springville, North Collins and Gowanda. Most municipalities contract with the Water Authority to lease manage their distribution systems, which includes maintenance, operation and replacement of pipes and other related equipment. However, the other municipalities are responsible for maintaining their independent water systems, distribution lines and storage tanks as well as community wells. There is also a private water company which serves the hamlet

of Chaffee in the Town of Sardinia. Sixteen (16) water system projects have been completed under the last Five-Year Plan.

There are three tiers of responsibility for street improvements in the urban county. The New York State Department of Transportation (NYSDOT) deals with the 437-mile interstate and regional expressway network including a system of state connector roads while the Erie County Highway Division maintains one of the State's largest county highway networks, over 1,000 miles, linking all its municipalities. The balance of the streets and the roads, totaling over 800 miles, are the responsibility of each town, village and city in the consortium. Little new road construction has occurred in this decade although there are plans for several new facilities well into the future. Most of the work involves reconstruction and repaving of existing roadways. There are few gravel roads in the urban county. Responsibility for bridges, culverts, and drainage is spread amongst the three tiers of government. Twenty (20) road reconstruction projects were funded with Plan monies in the latest 5-year term. Sidewalks are principally the responsibility of the local governments, although NYSDOT does provide sidewalks along state highways which are in heavily developed areas of the urban county. Twenty (20) sidewalk projects were completed over the past five years. Riverwalk, built by Erie County, serves as the principal new north-south Bike Route with other links moving inland. Rails to trails possibilities have received some attention, but most abandoned rights-of-way remain unused. One (1) bicycle trail project was funded in the Town of Clarence during the previous Five-Year Plan cycle.

The majority of sanitary sewer service is provided by the six Erie County Sewer Districts serving the first two rings of townships around the City of Buffalo. The District operates three sewage treatment plants in Evans, Hamburg, Buffalo and Lackawanna, a package plant in the Town of Holland and several small sewer district service areas in Clarence and Alden. Most of the sewer lines, built in the '60s and '70s, are now approaching their design life and rehabilitation cost is a future concern. Five (5) sewer improvement projects were funded during the past Consolidated Plan. The remaining sanitary sewage treatment facilities are located in the Town of Grand Island and the Villages of Akron, Alden, East Aurora, Springville and Gowanda. These municipalities are responsible for their sewer systems as well as the sewage treatment facilities. Asbestos removal and/or encapsulation is handled on an as needed basis as older buildings are demolished or renovated for reuse by both the private and public sectors. This abatement program has

become a regular part of construction practice in the urban county's community development and housing projects.

- (d) Public services. There is an extensive network of senior services in Erie County provided by the Erie County Department of Senior Services including a group dining program, transportation, legal services, home care and protective services, employment and energy conservation programs, adult day care and recreation programs and information and referral services. Most services are offered in senior centers and community centers or contracted with non-profits such as Meals on Wheels, and Rural Transit Service. A special program, Project Care, is designed to reach the rural elderly in the county. The Plan has funded six (6) senior services programs within the past five years.
- (e) Handicapped services are provided by a number of agencies in the county including the Western New York Independent Living Center, Association for Retarded Children (ARC), Red Cross, Blind Association, Buffalo Hearing and Speech Center, The Board of Cooperative Educational Services and several County and state social service agencies. Youth Services are also offered on several tiers primarily at the local community level through the efforts of seven youth bureaus serving the City of Lackawanna and the Towns of Hamburg, Grand Island, Lancaster, Orchard Park and West Seneca. Six (6) Boys and Girls Clubs serve the Depew, Lancaster, East Aurora, Elma - Marilla - Wales, Orchard Park and Holland areas. Several non-profit organizations also provide youth services including the Friendship House of Lackawanna and the L.K. Painter Center in Collins. Town recreation departments in all the municipalities offer formal summer programs as well as after school programs for youth, in addition to extensive recreation and sports programming. The Erie County Youth Services Department co-sponsors several of these programs and provides centralized youth services/programs as well as counseling for employment, substance abuse, pregnancy and other youth problems.
- (f) Transportation services are provided by the Niagara Frontier Transportation Authority (NFTA) including bus and metro rail (central city only) service as well as Airport Terminal facilities. Several other agencies as well as the NFTA provide service for handicapped, elderly, and disabled individuals. The Rural Transit Service, funded by the Consolidated Plan provides transportation services to twenty (20) rural communities in Erie County, utilizing volunteer drivers and escorts. Some transportation services are also offered by various municipal recreation and senior services departments as well as non-profit

agencies such as United Cerebral Palsy Association and several school districts throughout the County. The NFTA has developed HUBLINK, a plan to coordinate the public transportation services. Recent rail service changes in the urban county have seen the demise of Conrail, which was replaced by two companies, CSX and the B&P. Passenger service is still provided by AMTRAK.

There are several publicly sponsored substance abuse service programs in the urban county provided through the County, the New York State Health Department, and non-profit organizations such as Catholic Charities and Child and Family Services. The majority of employment readiness training occurs in the child and adult vocational programs of area schools but several agencies also provide employment training including the Private Industry Council, several municipal youth bureaus, the Displaced Homemaker Center, and the State Departments of Labor and Civil Service. There are a few crime awareness programs available to the public throughout the urban county including those provided by the Erie County Sheriff's Department, every local school district and many municipal police departments.

(g) Fair Housing Counseling is provided to the County by Housing Opportunities Made Equal (HOME), and tenant-landlord dispute, rental information, and mortgage counseling are provided by the Belmont Shelter Corporation. Child care services are provided, in the majority of cases, by private sector and non-profit organizations affiliated with organizations such as YMCA/YWCA, Catholic Charities, various denominational churches and larger employers in both business and government. Health Care Services are provided by the state and county health departments as well as seventeen (17) hospitals in Erie County, three (3) of which are located in urban county communities along with several satellite facilities for outpatient or ambulatory care. Other health care facilities such as nursing homes are found throughout the urban county, although most are concentrated in the more populated suburban communities. The hospitals located within the Consortium include Our Lady of Victory in Lackawanna, Bertrand-Chaffee in Springville and Tri-County Memorial in Gowanda. The more specialized health services are all concentrated in the central City of Buffalo and its adjacent neighboring towns.

(h) Fire protection services are provided by a paid fire department in the City of Lackawanna and by sixty-nine (69) volunteer fire companies serving all of the remaining towns and villages of the Consortium. Police protection services in the urban county are

provided by the New York State Police for several rural communities, the Erie County Sheriff's Department in suburban and rural areas and one city, eight town, and seven village municipal police departments. Some mutual services are provided by the Erie County Emergency Services and Central Police Services Departments. The Village of Lancaster and Town of Lancaster merged their police forces since the last Consolidated Plan.

- (i) Accessibility. A number of programs provide accessibility services to the urban county disabled population including transportation services by the NFTA, Erie County Senior Services, Rural Transit Program (Southtowns), United Cerebral Palsy Association, Red Cross, and the Independent Living Center in Western New York. Advocacy and technical assistance are provided by several governmental agencies, including the Erie County Office for the Disabled and the Eastern Paralyzed Veterans Association. The first Consolidated Plan funded a Comprehensive Needs Assessment and Preliminary Transition Plan, as well as thirty-one (31) projects to bring urban county buildings, sidewalks and facilities into compliance with the 1990 Americans with Disabilities Act (ADA). Thirteen (13) public buildings were made handicapped-accessible with CDBG funds since the last Consolidated Plan.
- (j) Historic preservation. Historic Preservation in Erie County is a joint responsibility shared between the U.S. Department of Interior, New York State Office of Parks, Recreation and Historic Preservation, Erie County Preservation Board, Buffalo and Erie County Historical Society and local historians for each of the municipalities. There is also advocacy and assistance provided by the Preservation Coalition, a non-profit organization dedicated to preserving Buffalo and Erie County's cultural resources. The County's housing rehabilitation program does provide additional assistance for the preservation of historic residential structures and economic development funds are available for facade and other improvements to commercial structures which may have historic significance. A 1981 survey of Erie County identified over 1,000 sites which deserved to be studied in more depth for their historic and architectural significance. There are also several other organizations who have identified various commercial and industrial facilities in need of preservation, while several towns and villages have adopted historic preservation codes and design ordinances to protect the visual and historic resources of their respective communities.



- (k) Other community facilities and services. Improvements to energy supplies, distribution, and efficiency rest primarily on the three major utilities in the urban county: Niagara Mohawk Power Corporation, New York State Electric and Gas Corporation and National Fuel Gas Corporation. Electric power is generated by hydro power from Niagara Falls and a coal-fired steam turbine facility in Tonawanda. Natural gas is supplied by several interstate pipelines and local gas wells. Oil and propane arrive by rail, truck and pipeline from out-of-state sources. Rural Erie County also provides major underground gas storage capacity for use in Western New York. The recent uncoupling of energy suppliers and energy distribution systems has led to the appearance of many energy companies offering electric power and natural gas to large users such as industries and municipalities, as well as purchasing groups serving residential customers. Two villages, Akron and Springville operate their own public electric systems receiving their power supply from the New York State Power Authority. Conservation measures are furthered by the County's HEAP program and other conservation efforts by the utilities and private sector organizations and contractors. The New York State Energy Office does the principal planning for the energy needs in concert with the New York State Power Authority and private utilities, while the Public Service Commission oversees regulatory matters.

Current programs on lead-based paint assessment and mitigation are conducted by the Erie County Health Department, which has identified some small high risk target areas in the City of Lackawanna. The remainder of the urban county is considered low risk with only scattered incidences of lead poisoning. New York State developed certification requirements which will allow federal funds to be used for lead abatement efforts by area contractors. Screening services are also provided by satellite clinics at hospitals and by private medical doctors in the urban county. Code enforcement is mainly conducted by the municipal building inspectors on a complaint basis. Several communities, particularly the villages, expend at least a part of their time enforcing local and state building and housing codes on existing units. Some inspections occur due to efforts of volunteer firemen who point out violations and anticipate voluntary compliance. The Consolidated Plan continues to fund the County-wide Housing Rehabilitation Program to help address code violations.

- (l) Planning. The majority of planning activities are funded and conducted through local municipal and County governments in the urban county. Some regional planning is sponsored by the New York State Department of Environmental Conservation for

environmental conditions such as air pollution, water pollution, and solid and hazardous wastes; the New York State Department of State sponsored Local Waterfront Revitalization Plans; the New York State Department of Transportation in conjunction with the Greater Buffalo-Niagara Transportation Council conducts regional transportation planning for expressways and major arterials as well as transit planning, airport and bikeway planning. Reference should be made to page A-119 of this Plan for a description of the current regional planning effort being undertaken by Erie and Niagara Counties, commonly referred to as the "Framework for Regional Growth". The County certifies seventeen (17) Agricultural Districts including 265,000 acres of farmland. Local master planning has been completed by thirteen (13) municipalities, and planning is being conducted currently by one (1) municipality with County funding.

**b. Priority Non-Housing Community Development Needs**

*(1) Summary of major findings:*

- A Community Development Needs Survey was conducted in the summer of 2004. Survey forms were sent to municipal officials and planning boards in each of the municipalities that are members of the Consortium, in order to obtain information on community development needs from a local perspective.
- A total of fifteen (15) communities provided responses to the survey. The survey results clearly indicate that a strong priority is for public facilities. All but one of the communities that responded listed one or more public facility need, and most respondents listed several. Items frequently listed as priorities included water lines, wastewater system improvements and recreational facilities. Programs to assist business districts were also priorities (sidewalks and/or parking). In a number of cases, municipalities indicated a need for a certain type of facility in more than one area of town.
- After facilities, the most frequently cited item was for planning services, particularly for agricultural preservation or open space planning. Six communities indicated an interest in this topic. Transportation and transit, particularly for elderly residents, was also a priority, with five responses.
- According to the 2000 census, the population of persons aged 60 and over in Erie County was 19.9 percent, and this group is projected to increase as more baby-boomers reach this bracket by 2015. The need for senior citizen centers and services can be expected to continue to grow along with other related services such as health facilities, human services, transportation services, protective services, and adult day care programs.
- The numbers of low- and moderate-income families and two-working-parent families remains high, requiring additional use of services, programs such as day care, after school programs, recreational programs, youth centers, transportation programs and counseling for substance abuse, pregnancy and employment.
- There is a need to promote fair housing at the County level. Efforts need to be made in the educational element and the provision of housing assistance (e.g. sale or rental, financing, brokerage services, rehabilitation and counseling), to ensure equal housing opportunities are availed to all county residents, especially minorities and women. All levels of government need to work together to meet this objective.
- Housing counseling needs have centered around predatory lending, mortgage default problems, housing pre-purchase

counseling, and finding available rental units. Counseling clients, in the majority of cases, came from the more developed and older housing areas of the urban county and consisted of significant numbers of female heads of household, elderly and minority households, again target populations expected to continue growing for the next ten (10) years.

- Health and human services are needed for the low-income population in the urban county and more specifically in the rural area of the County. Services such as transportation, information and referral, youth counseling, youth services, senior services and emergency programs are several of the services specifically identified through the public participation process. Satellite health clinics were suggested in the rural areas to help deliver services to the needy.

(2) Needs summary.

Erie County has, in the past three decades, experienced the rapid development of its suburban and, to a lesser degree, its rural communities. Much of this growth was due to the exodus from the highly urbanized center city. Many of the local communities were unprepared for such rapid development and lacked the tools to manage this growth; particularly in the areas of zoning, subdivision regulations, and overall planning capability. Municipal officials allocated their limited resources to meet the demands of new development, often neglecting the needs of existing neighborhoods. County and local municipal governments now find themselves facing numerous problems related to this neglect, as well as continuing problems with migration from older suburbs to rural areas of the urban county resulting in new growth and expensive -to-service sprawl development, at the expense of declining urban and suburban communities. An estimate of the costs to address the following Priority Community Development Needs related to these problems can be found in Table 2B.

Efforts to respond after-the-fact, are both costly and highly complex in terms of the intergovernmental planning, construction coordination, and funding required to successfully address such problems on a countywide basis. Close cooperation between the County and its participating municipalities is vital to that success, and the Urban County Community Development Program is well suited to achieve the necessary cooperative spirit.

Public facility and infrastructure needs. The urban county is faced with a unique and difficult challenge of addressing special revitalization needs in three diverse type of areas: (1) the traditional older "city" neighborhood as found in such municipalities as the City

of Lackawanna, and the Villages of Depew and Lancaster; (2) the "suburban" neighborhood, usually consisting of earlier scattered development mixed with one or more subdivisions built during the period 1920 to 1950, examples of which are found in the Towns of West Seneca, Hamburg, Orchard Park, Lancaster and the older Villages of Alden, Angola, North Collins, Springville and Akron; and (3) the "rural hamlet", the residential and commercial activity centers found in the rural-agricultural areas of the urban county such as Eden, Boston, Holland, Wales Center, Sardinia and Collins.

Each area has its own set of characteristic community development and housing needs which are related to maintaining its viability and upgrading its housing stock and public facilities, the essence of its living environment:

(a) City neighborhood needs in Erie County

- (i) Aging and inadequate infrastructure including sanitary sewer and storm drainage collection systems, some of which are still of the old combination sanitary-storm sewer type, and water distribution lines which are in need of replacement.
- (ii) Deteriorating residential areas containing housing with code violations and scattered instances of blight.
- (iii) Inadequate streets and sidewalks in poor surface condition, crumbling curbs in need of replacement and redesign to facilitate mobility of the handicapped and elderly. A shortage of parking space for residents and neighborhood facilities and businesses.
- (iv) Inadequate community facilities in need of renovation or replacement. Lack of parks and recreation facilities or parks in need of major rehabilitation. Treeless streets and unsightly vacant lots are in need of beautification.
- (v) Declining commercial facilities in the neighborhood, empty stores and lack of local employment opportunities especially for low and moderate income persons and minorities.
- (vi) Inadequate flood protection measures with resultant frequent property damage due to lack of protective structures and/or inadequate channel capacity due to siltation and overgrowth.

The "City Neighborhoods" in the urban county contain greater concentrations of low and moderate-income households, minorities and female heads of household than the County as a whole. These groups often find it difficult to obtain the personal resources necessary to keep up their homes and property and/or to improve their living conditions in general. Inadequate income has "locked" them

into older neighborhoods where deteriorating streets, walks, sewers, waterlines and public facilities encourage further neighborhood decline and disinvestment by property owners.

(b) Suburban neighborhood needs in Erie County

- (i) Aging and inadequate infrastructure which in some cases was poorly designed and constructed by developers and in other instances non-existent (e.g. the use of septic systems for sanitary waste disposal avoided the need for sewers; private wells supplying water rather than a water distribution system.). Urban development has overloaded the natural and existing man-made systems. Some soil conditions in the County cannot support septic systems, or such systems have ceased to function properly, necessitating sanitary sewers and treatment plants. Wells have suffered a decline in water quality from the pollution of the ground water, making some water supplies unfit to drink. The common use of modern appliances by a larger than anticipated number of homes and businesses has lowered the water table, resulting in inadequate supplies of well water, even dry wells, requiring public water lines and supplies. The installation of new water lines and sewers may also impact low and moderate residents who may have to pay for tapping into these lines, and/or increased utility taxes with already stretched budgets.
- (ii) Erie County has a relatively flat topography, a normally high water table and a large number of streams and rivers which flow into Lake Erie. These factors combine to make storm drainage a major problem in the Urban County, particularly for developed areas and those in transition. Inadequate or non-existent storm drainage systems often cannot handle the storm runoff in new subdivisions. Open ditches have become a health and safety hazard and are too small to accommodate the higher flows generated by more paved streets, walks and parking lots associated with suburban development. Greater runoff also increases the potential flood hazards which ordinary storm drainage systems cannot handle. Modern and enlarged facilities are needed to reduce property damage and threats to health and welfare.
- (iii) Some older suburban housing and subdivisions hastily built during war-time and in the post World War II homebuilding boom are in need of rehabilitation. Numerous code violations indicate structural aging and deferred maintenance is evident in cases of elderly homeowners on fixed incomes. Building inspectors were occupied with new construction or expansion and could not devote the more intensive time needed to establish a regular housing code inspection system for existing

buildings. There is a shortage of low- and moderate- income housing which limits the housing alternatives available to families and the elderly in these neighborhoods.

Some seasonal housing units along the County's Lake Erie shoreline have been converted to year-round residential units by low- and moderate-income families. There is a need for major improvements or replacement to these housing units as well as public facilities and infrastructure in such neighborhoods.

- (iv) Inadequate streets, some with poor drainage or base, and sidewalks, in poor surface condition or non-existent, create safety hazards for automobiles, bicyclists and pedestrians, especially for elderly and handicapped and young children in "Suburban Neighborhoods" of the urban county. Older residential streets and sidewalks need reconstruction and alternative means of transportation (e.g. bicycles).
- (v) Community facilities such as fire substations, community and senior centers and park and recreation areas are inadequate in terms of both size and condition. Some centers and recreation facilities cannot easily accommodate handicapped individuals or elderly persons with physical impairments. There is a need to provide pleasant and shaded rest and play areas in these neighborhoods for use by all age groups. During the rapid development period, the provision of sufficient open space and park land was often overlooked, resulting in overcrowded parks. More open space can improve community appearance and lift the spirits of residents.
- (vi) Nearby commercial areas that service these neighborhoods need public improvements to keep them strong and competitive with larger but distant shopping facilities. Existing infrastructure and storefronts must be improved to allow expansion of existing businesses which creates needed job opportunities in the communities. Parking space, façade and streetscape improvements are needed to attract new business and customers and keep the older stores filled and the commercial traffic at a viable level.
- (vii) The need for continuous updates to comprehensive plans as well as targeted neighborhood plans is a major challenge for Consortium municipalities.

The "Suburban Neighborhoods" in the urban county that have major revitalization needs are predominantly the first areas that were developed during the suburbanization process in Erie County. Also included in this category are independent growth centers which co-existed with the urban center

before the movement to the suburbs. Their housing stock, infrastructure and facilities are "older", for the most part. Their populations also contain higher concentrations of low- and moderate-income households than found in more developed areas of the County – the "new" subdivisions and neighborhoods. There are many elderly homeowners who have chosen to continue living where they raised their families. The "Family with Children" character of these neighborhoods also encourages female-headed households with children to remain in these neighborhoods. The elderly- and female-headed households which have low- to moderate-incomes frequently experience difficulty in keeping their property in good condition and face the choice of costly repairs or selling their homes. Similar problems face most low- and moderate-income homeowners in "old" suburban neighborhoods as the rising costs of housing repairs and utilities place extra strains on limited incomes.

(c) Rural hamlet needs in Erie County

- (i) Inadequate infrastructure, usually as a result of age, usage, or some unforeseen impact such as increased traffic and enlarged highways, pollution of ground water supplies or similar environmental or physical conditions. Even limited new development has placed strain on existing facilities and the natural systems relied upon in the past to support low density development.
- (ii) Poor surface conditions on roads that were designed for farm use and now accommodate automobiles and trucks. Design improvements are needed, including better drainage, wider pavement, and sidewalks in areas heavily traveled by pedestrians.
- (iii) Neighborhood facilities are inadequate or totally lacking. Existing facilities face major renovation or replacement and those costs are often beyond local means. The decline of some rural agricultural institutions such as The Grange and the mixing of "Urban Settlers" with the independent rural farm families of the urban county has resulted in a need for more community-oriented facilities like small parks and community centers.
- (iv) Deteriorated housing conditions are found scattered sparsely throughout the rural countryside with an occasional isolated case of a dilapidated structure. Rehabilitation is needed community wide, whereas the need for new housing for low- and moderate-income households is found in or near the rural hamlets or where proper services and facilities are readily accessible. There is a need for rural transportation service to improve access to public services.
- (v) The trend toward larger farms has resulted in fewer full-time farming households in rural Erie County. This decline has



affected the rural hamlet's commercial business economy (e.g. seed store, hardware, grain storage), forcing some to close while other new businesses, not totally dependent on agriculture, develop. Abandoned or under used buildings need to be renovated or demolished. "Rural Hamlets" in the urban county still serve as viable local activity centers for the rural population. Low- and moderate-income households in these hamlets tend to depend on the local businesses and facilities to a greater degree than other groups and the elderly, with the lowest mobility due to physical and economic conditions, have the greatest need of all groups.

(d) Community-wide facilities accessibility needs and public services.

The need for public facilities and/or improvements to such facilities in the urban county occurs at the local community level. Erie County operates county-wide systems for the delivery of health and social services at the community level and the community center, usually operated by a municipality, is the key mechanism through which these services are made available. (e.g. Erie County, Department of Senior Services provides hot meals and social services for the elderly at group dining sites located in local community centers, fire halls and senior citizen centers throughout the County). Erie County also operates a county-wide library system providing staffing, furnishings, and books to library facilities owned by the municipalities. Rural libraries, which were often former store or residential structures, are in need of enlargement or replacement in order to upgrade structures and service for growing populations and new technologies.

The County park system cannot meet all the municipality's local needs for recreation, therefore the local park, close to the municipality's population center or hamlet is a needed facility and must be improved or expanded. Open space corridors must be preserved, ahead of development, for the future.

Many of the existing community facilities were constructed before the needs of the handicapped became widely known. Thus modifications to the existing structures and sites are needed to make the facilities accessible to all persons, especially the handicapped and mobility-impaired elderly.

Fire protection services require expensive equipment, and require frequent replacement due to usage. Larger buildings are needed to store the bigger trucks. Municipalities and local protection districts which have concentrations of low and moderate-income households cannot easily raise the needed funds without placing burdensome taxes or fees on the already strapped budgets of such households. Adequate fire protection is a necessity in order to maintain public

safety and welfare and property values and prevent blight in the local community which is also in the interest of the County as well.

(e) Historic preservation.

Historic preservation of significant county and local landmarks is a need recognized throughout the urban county as having many benefits to the community. The need to save and protect historic sites and structures recognizes the educational and cultural value of such facilities and at the same time also meets revitalization needs in the local community and the County. The wealth of older, residential and non-residential structures in the urban county need to be identified and documented as to their significance. Studies of both the residential historic housing stock and non-residential sites including retail commercial and older industrial facilities need to be conducted so that historic preservation efforts may continue in an efficient and systematic way. The preservation of scenic and working (agriculture) landscapes is a major need if rural character of the County is to be protected and nurtured. Failure to do this would result in serious losses to the wealth of cultural and architectural resources in the urban county.

(f) Other community development needs.

Assessment and remediation of lead-based paint hazards in residential units in older high risk low income areas of the urban county is needed along with asbestos removal from the residential and commercial/industrial structures built between 1900 and 1980 and known to contain quantities of asbestos-containing materials. This need (asbestos) will be addressed on an as-needed basis when structures are rehabilitated or adapted for reuse. Energy efficiency improvements would also be dealt with in a similar manner as part of a rehabilitation of residential commercial/industrial facilities. Code enforcement is needed in the older low income residential areas of the urban county specifically the Cities of Lackawanna and Tonawanda, and the Villages of Depew and Lancaster along with several suburban pockets and rural communities and hamlets of the county. A complaint based program is utilized to identify rehabilitation needs as well as energy conservation, lead abatement and asbestos abatement needs.

c. **Community Development Objectives**

Reference should be made to Table 2C for a listing of the Community Development objectives.

d. **Community Development Strategy**

The four long-term objectives of the Community Development Strategy as described on the Table 2C are as follows:

1. Infrastructure: Provide appropriate infrastructure service in a manner that maximizes quality and quantity and is protective of the County's natural resources.
2. Public Facilities: Improve existing and expand where necessary, public facilities that respond to community needs.
3. Public Services: Support public services needed and related to other quality of life activities.
4. Planning: To plan for the orderly growth and revitalization of the Consortium area.

(1) Community Development Resources

In implementing its community development strategy, Erie County and the Towns of Hamburg and West Seneca will employ the funds they receive under federal entitlement programs through HUD to leverage other program funding resources, from both the public and private sectors. This Five-Year Plan assumes the continuation of existing programs at recent funding levels. Revisions will be made in subsequent years to reflect substantial changes in the availability of federal funds provided for community development. Erie County and its consortium partners, in addressing the scope and depth of the Urban County's Non-Housing Community Development Needs, described in Section 5.b. above, will require resources from the following public and private sector sources to complement the expenditure of CDBG funds:

- Municipal capital improvement and operating budgets including the sale of municipal bonds.
- Facility user fees and voluntary contributions for services rendered.
- Erie County capital improvement and operating budgets, including the sale of bonds for highways, parks, sewers and building improvements.
- Erie County Water Authority capital improvement budget, user fees, and the sale of bonds.
- New York State capital improvement and operating budget including the sale of bonds for highways, parks and historic preservation, health facilities, economic development and environmental improvements.

- Federal capital improvement and operating budget including bonding for all the above categories of need.
- Private sources of capital from businesses, employers, contributions, trust funds, and foundations.

(2) Public Facilities:

The Five-year Consolidated Plan strategy, consistent with national community development objectives, will improve, expand or construct new facilities including senior citizen centers, community centers, libraries, fire stations, parks and recreation facilities and equipment, sidewalks, curbs, storm drainage, streets and parking as well as providing public facility access for the elderly and disabled by constructing ramps, curb cuts, lifts and elevators, removing architectural barriers inside and outside of buildings including the provision of special equipment. The selection of projects will be based on a competitive process which scores project proposals for: meeting program objectives and needs, while maximizing benefit to low- and moderate-income persons and target areas, multi-community participation and benefit, good project implementation track record, the leveraging of other funding, and project readiness. Projects scoring the highest generally are the most successful in reaching the plan's goals in a timely manner.

(3) Infrastructure Improvements:

Providing appropriate infrastructure service in a manner that maximizes quality and quantity and is protective of the County's natural resources is a goal of the Consortium Five-Year Plan. Infrastructure projects may also support the construction of affordable housing and or the retention or creation of employment opportunities for low income persons in the urban county and member municipalities. Again, projects will be selected based on the competitive process described above which will ensure successful completion.

(4) Public Services:

The elderly, handicapped or disabled, and low-income populations of Erie County have community service needs, previously described, which will be addressed through implementation of the Five-Year Plan strategy. Adult day care and senior citizen services, recreation programs for all ages, transportation services for health, income and personal needs, housing counseling, fair housing and homeless services, and various gap-filling services funded will complement and increase the effectiveness of physical investments in improving

conditions for the elderly, disabled and low-income persons in the urban county.

(5) Community Planning:

Future Consolidated Plan projects, activities and services are an anticipated outcome of the planning. The Five-Year Consolidated Plan will allocate financial resources to municipalities allowing for updates to local master plans that are consistent with the proposed Framework for Regional Growth. In addition, funds will be diverted toward neighborhood revitalization studies that can divert future housing and community project efforts in target neighborhoods. Finally, Consortium-wide plans will be developed over the five-year period in the area of Affordable Housing/Fair Housing Impediments, and a comprehensive housing needs analysis.

e. **Strategic Vision for Change**

Erie and Niagara Counties, New York are developing a Framework for Regional Growth. The document will be utilized as a blueprint to direct the actions of county and regional agencies relating to the area's physical development. It will also be used to inform state and local governments, private developers, and non-profit organizations about the process and actions County government will undertake and follow when making decisions affecting the region's development.

The Regional Plan will help the Erie and Niagara Counties region make decisions about its growth and development on a coordinated and consistent basis. It will establish a framework for development within the region, and describe policies, programs, and projects that will encourage and facilitate development that is consistent with such framework. The Plan will help local officials coordinate their decisions so they can anticipate how one decision may affect another.

Although a legal mandate to utilize the Regional Framework is not present, a variety of techniques exist that can insure use of the document. An essential goal of the planning process will be ultimate adoption of the Regional Framework by both Counties' governing body, and important regional entities. These include the Greater Buffalo-Niagara Regional Transportation Council, Erie County Water Authority, Niagara County Sewer and Water Districts and area industrial development agencies. Documents such as Memorandum of Understanding and Intermunicipal Cooperation Agreements will be explored outlining the intention of all parties to use the Regional Framework as a guide to future planning and redevelopment of the region.

A few specific ways the Framework can be utilized include:

- 1) Preparation of the Erie County Capital Improvement Program. The Framework would be an important document to help direct capital expenditures for road/sewer/bridge improvements and major regional facility development.
- 2) Reviews by both the Erie County and Niagara County Planning Departments of municipal activities relative to major zoning decisions, and local comprehensive plan development.
- 3) Actions take by County representatives serving on public boards/organizations that affect growth and redevelopment of the region. Such organizations include the Greater Buffalo-Niagara Regional Transportation Council, Niagara County Industrial Development Agency, Erie County Water Authority, Niagara County Sewer and Water Districts, and others.

In addition to the three items noted above, the Framework goals will be consistent with those of the Consolidated Plan. The Framework will clearly target resources to older urban areas and rural centers. CDBG and HOME funds will be important tools to promote this objective.

**f. Metropolitan/Regional Connection**

The Consolidated Plan will be an important reference point when reviewing the following planning documents currently in the preparation phase:

- Town of West Seneca Comprehensive Plan, under preparation by the Town of West Seneca – office of Economic Development
- Town of Amherst HOME Consortium 5-Year Consolidated Plan, under preparation by the Town of Amherst – Office of Community Development
- Erie and Niagara Counties Framework for Regional Growth, under preparation by the Erie County Department of Environment and Planning
- Erie and Niagara Counties Economic Development Strategy, under preparation by the Erie County Industrial Development Agency and the local governments
- Ongoing transportation studies under preparation by the Greater Buffalo Regional Transportation Council

Reference should be made to paragraph (5) above for a further discussion concerning the Framework for Regional Growth and its connection to the 5-Year Consolidated Plan.

Table 2B

**Community Development Needs- Erie County**

<b>PRIORITY COMMUNITY DEVELOPMENT NEEDS</b>	<b>Priority Need Level High, Medium, Low, No Such Need</b>	<b>Unmet Priority Need</b>	<b>Dollars to Address Unmet Priority Need</b>	<b>Goals</b>
<b>PUBLIC FACILITY NEEDS</b> (projects)		<b>PROJECTS</b>	<b>DOLLARS</b>	
Senior Centers	M	12	\$6,000,000	5
Handicapped Centers	L	3	\$3,000,000	0
Homeless Facilities	M			5
Youth Centers	M	8	\$4,000,000	0
Child Care Centers	M	2	\$1,000,000	0
Health Facilities	M	6	\$12,000,000	0
Neighborhood Facilities	H	19	\$5,000,000	10
Parks and/or Recreation Facilities	H	24	\$7,500,000	5
Parking Facilities	M	12	\$750,000	5
Non-Residential Historic Preservation	M	12	\$15,000,000	3
Other Public Facility Needs	L	5	\$1,000,000	0
<b>INFRASTRUCTURE</b> (projects)				
Water/Sewer Improvements	H	24	\$40,000,000	10

Street Improvements	H	18	\$25,000,000	10
Sidewalks	H	25	\$5,000,000	10
Solid Waste Disposal Improvements	M	5	\$1,000,000	0
Flood Drain Improvements	M	10	\$10,000,000	5
Other Infrastructure Needs	M	5	\$5,000,000	0
<b>PUBLIC SERVICE NEEDS</b> (people)		<b>PEOPLE</b>		<b>PEOPLE</b>
Senior Services	M	32,000	\$17,500,000	(5) 10,000
Handicapped Services	M	31,000	\$20,000,000	(1) 2,000
Youth Services	M	33,000	\$12,000,000	(1) 5,000
Child Care Services	M	10,000	\$20,000,000	(0)
Transportation Services	H	12,000	\$10,000,000	(5) 3,000
Substance Abuse Services	M	4,500	\$17,500,000	(5) -----
Employment Training	M	8,500	\$5,000,000	(0)
Health Services	M	40,000	\$28,000,000	(0)

Table 2B

**Community Development Needs (Erie County, continued)**

<b>PRIORITY COMMUNITY DEVELOPMENT NEEDS (continued)</b>	<b>Priority Need Level High, Medium, Low, No Such Need</b>	<b>Unmet Priority Need</b>	<b>Dollars to Address Unmet Priority Need</b>	<b>Goals</b>
Lead Hazard Screening	M	1,500	\$750,000	(0)
Crime Awareness	M	8,000	\$250,000	(0)
Other Public Service Needs	L	5,000	\$1,000,000	(0)
<b>ECONOMIC DEVELOPMENT</b>		<b>PROJECT</b>		



		<b>S</b>		
ED Assistance to For-Profits(businesses)	M	25	\$200,000	1.5
ED Technical Assistance(businesses)	M	100	\$200,000	50
Micro-Enterprise Assistance(businesses)	H	50	\$500,000	20
Rehab; Publicly- or Privately-Owned Commercial/Industrial (projects)	H	21	\$2,750,000	8
C/I* Infrastructure Development (projects)	H	10	\$5,000,000	5
Other C/I* Improvements(projects)	H	20	\$10,000,000	0
<b>PLANNING</b>				
Planning	H	16	\$1,200,000	8
<b>Total Estimated Dollars Needed:</b>			\$293,100,000	

\* Commercial or Industrial Improvements by Grantee or Non-profit Homeless Facilities

Table 2C

**SUMMARY OF SPECIFIC HOUSING/ COMMUNITY DEVELOPMENT/ ECONOMIC DEVELOPMENT OBJECTIVES**

Objective Identifier	Long Term Objective (bold) and Short Term Objectives	Performance Measure	Expected Outcome	Expected Output (5 Years)	Annual Output (1 Year)
<b>COMMUNITY DEVELOPMENT</b>					
<b>CD-1</b>	<b>Infrastructure:</b> Provide appropriate infrastructure service in a manner that maximizes quality and quantity and is protective of the County's natural resources.				
CD-1.1	Improve sewer and water service to targeted low-income neighborhoods.	Number of people with improved service.	120 people will have improved access to public sewer/water facilities for the purpose of creating suitable living environments.	120 people	25 people
CD-1.2	Improve sidewalk service for pedestrian safety in targeted low-income neighborhoods.	Number of people with improved service.	120 people will have improved access to public sidewalk facilities for the purpose of creating suitable living environments.	120 people	25 people

CD-1.3	Improve bicycle and vehicular access to areas of employment, recreation, and commercial activity located in targeted low-income neighborhoods.	Number of people with improved service.	120 people will have improved access to public bicycle and vehicular access facilities for the purpose of creating suitable living environments.	120 people	25 people
CD-1.4	Improve storm drainage and flood protection facilities in targeted low-income neighborhoods.	Number of people with improved service.	50 people will have improved access to storm drainage facilities for the purpose of creating suitable living environments.	50 people	10 people
<b>CD-2</b>	<b>Public Facilities:</b> Improve existing and expand where necessary, public facilities that respond to community needs.				
CD-2.1	Construct, expand, or improve community centers, libraries, and youth centers that serve the low/moderate income population.	Number of community facilities providing new access to low/moderate income people.	200 people will have new access to 10 community centers that were enhanced for the purpose of creating a suitable living environment.	10 facilities	2 facilities
CD-2.2	Develop, expand and rehabilitate park, recreation, and open space facilities that serve low/moderate income residents.	Number of parks and recreational facilities providing new access to low/moderate income people.	100 people will have new access to 5 parks and recreational facilities that were enhanced for the purpose of creating a suitable living environment.	5 facilities	1 facility
CD-2.3	Commercial Center Improvement initiatives will be undertaken in targeted village/hamlet centers.	Number of commercial buildings improved within selected business center areas.	5 commercial centers will have sustained 25 commercial/retail building façade/improvements for the purpose of creating a suitable living environment.	5 commercial centers	1 commercial center
CD-2.4	Expansion and improvement to senior center facilities given the growing elderly population of the Consortium municipalities.	Number of senior center facilities constructed or improved within Consortium.	2500 seniors will have new/improved access to 5 senior centers for the purpose of creating a suitable living environment.	5 senior centers	1 senior center
<b>CD-3</b>	<b>Public Services:</b> Support public services needed and related to other quality of life activities.				
CD-3.1	Provide senior service program enhancements such as day care, health and nutrition, employment, supportive housing, and transportation.	Number of people with improved transportation access to medical, shopping and other destinations.	3000 seniors and low income residents will have improved access to medical, shopping and other needs through transportation services.	3000 people	600 people.
CD-3.2	Provide gap filling support services that support community revitalization and enhance the quality of life for low/moderate income residents.	Number of people residing in the consortium with improved/new access to housing counseling/fair housing services	5500 low income people will have new or improved access to housing counseling and fair housing services for the purpose of providing decent , affordable housing.	5500 people	1100 people
<b>CD-4</b>	<b>Planning:</b> To plan for the orderly growth and revitalization of the Consortium area.				
CD-4.1	Provide technical assistance and funding for the preparation of plans that direct the area's growth in housing, community	not applicable	not applicable	3 plans	1 plan

	development and economic development.				
<b>CD-5</b>	<b>Administration:</b> To administer the CDBG, HOME, and ESG Programs in a timely and efficient manner.				
CD-5.1	Prepare all federally required reports in a timely and efficient manner.	not applicable	not applicable	10 reports	2 reports
<b>ECONOMIC DEVELOPMENT</b>					
<b>ED-1</b>	<b>Infrastructure Development:</b> Provide roads, road extensions, water, sewers and others services (i.e. incubator buildings) to industrial, commercial and business sites.				
ED-1.1	Look for new opportunities to fund or participate in funding of infrastructure enhancements to create employment opportunities	Number of development sites assisted in the Consortium.	All employment eligible consortium residents have access to new jobs through infrastructure improvements at 5 development sites for the purpose of creating employment opportunity.	5 development sites	1 development site
<b>ED-2</b>	<b>Brownfield Redevelopment:</b> Redevelop older industrial areas to create economic opportunities in urban areas.				
ED-2.1	Look for new opportunities to provide technical assistance and funding for redevelopment of older urbanized areas that need additional assistance to succeed	Number of brownfield sites assisted in the Consortium.	All employment eligible consortium residents have access to new jobs through brownfield clean up improvements at 3 development sites for the purpose of creating employment opportunity.	3 development sites	1 development site
<b>ED-3</b>	<b>Economic Development Planning:</b> Studies to assist in identifying prospective greenfield and brownfield sites that bring increased economic opportunities to Consortium communities.				
ED-3.1	Provide technical assistance and funds for the preparation of studies	Not applicable	Not applicable	4 studies	1 study
<b>ED-4</b>	<b>Business Development:</b> Continue to provide technical assistance and investment capital through business loan funds to assist businesses in preserving and creating new economic opportunities.				
ED-4.1	Continue to assist businesses through Business Development and Regional Development Corporation loan funds	Number of new jobs created as a result of the business loan.	50 people have access to new jobs through issuance of 10 business loans for the purpose of creating employment opportunity.	50 jobs	5 jobs
ED-4.2	Develop and implement Microenterprise Loan fund to assist microenterprise businesses and to compliment the Village Center Revitalization program and/or the Commercial Center Improvement program	Number of microenterprise loans issued within target commercial center areas.	10 commercial center areas have sustained an improved living environment for its residents through the issuance of 15 microenterprise loans within the target area.	15 businesses	3 businesses

ED-4.3	Continue to provide technical assistance and counseling through business assistance directories and company site visits	Number of businesses assisted	3750 people have access to an improved job environment and security through the technical assistance provided to 50 businesses for the purpose of creating economic opportunities.	50 businesses	5 businesses
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## Antipoverty Strategy (91.215 (h))

1. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.
2. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

3-5 Year Strategic Plan Antipoverty Strategy response:

### **Anti-Poverty Strategy**

The Erie County Department of Social Services is involved in numerous efforts to reduce the number of people living below the poverty level. This Department relies heavily on direct contact with other agencies, many of which seek to find employment for public assistance recipients. A few of these agencies are the New York State Department of Labor, the Buffalo and Erie County Workforce Development Consortium, and several area school districts.

The Department of Social Services hopes to bring 1,200 persons per year for each of the next five years over the poverty level. The following programs are employed to help meet this objective:

#### *(1) Welfare Reform*

*(a) Welfare Reform and the TOP Program.* The Transitional Opportunity Program was developed to provide supportive services to the TANF clients that have recently exited from the public assistance system due to employment. TOP provides an array of post employment activities and job retention services to continue to support families as they negotiate the world of work. The TOP philosophy is to provide continued support so those obstacles between working families and independence can be overcome.

- (b) Transition To Work Teams. Employed TANF clients are being served by special teams to assure smooth transitions from welfare to work to independence. Staff in these teams provides benefit counseling, child day care payments, and transitional Medicaid and day care benefits when the client moves off of the TANF program.
  - (c) Job Clubs. TANF and Safety Net clients are assigned to full time, two-week long group training and job search activities which, to date, have resulted in private sector employment for almost two-thirds of all participants. In addition Job Clubs are now a requirement of both TANF and Safety Net applicants who are employable.
- (2) Employment Programs.
  - (a) Education for Gainful Employment (EDGE). EDGE is intended to expand the educational and job skills training opportunities for TANF recipients.
  - (b) BRIDGE. This program developed as a result of coordination between the Department of Social Services and the State University of New York (SUNY) system. SUNY operates the Educational Opportunity Center (EOC), which provides job training and educational preparation services to low-income individuals.
- (3) Interagency Initiatives.
  - (a) The Erie County Parks Opportunity Program or POP is a systematic approach to gradually increase clients' skill and knowledge levels through a partnership with the Buffalo Board of Education and Greater Buffalo Works, a non for profit job training entity. The program calls for TANF clients to participate in a 4 weeks training program and then be assigned to a designated workfare site at which job development would be utilized to connect the clients to employment linkages.
- (4) Family Preservation and Child Welfare.
  - (a) Young Parent Program. A coordinated approach to servicing teen parents will be used, involving caseworkers providing case management (Teenage Services Act - TASA), Welfare Examiners providing income maintenance services, and employment counselors to provide employment and training supports. This approach helps the teen to plan for a stable and economically self-sufficient family life.
  - (b) The Erie County Works Center. A new unit began in 2001 designed to do two things: quickly determine employability of applicants and to reconnect the to the job market as soon as

possible. When a customer applies for public assistance a clear emphasis is placed on seeking employment for all able-bodied applicants, including immediate job searches and life skills training while the assistance application is being processed.

(5) Coordination Efforts.

(a) Southtowns Service. In conjunction with the Towns of Evans and Collins, Erie County established a human services program whereby basic transportation services are being made available to these jurisdictions. This approach helps rural residents remain in their homes rather than move to urban areas in order to access these services. The program has, within the last several years, expanded to the Towns of Brant, Eden, North Collins, Boston, Holland and Concord.

### **Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))**

1. (States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.

3-5 Year Strategic Plan LIHTC Coordination response:

N/A

## **NON-HOMELESS SPECIAL NEEDS**

### **Specific Special Needs Objectives (91.215)**

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Non-homeless Special Needs Analysis response:

#### **SPECIAL NEEDS POPULATIONS**

a. **Persons with Special Disabilities**

Most of the organizations identified in the following sections were consulted at a meeting sponsored by the Erie County Planning Departments and also attended by representatives of the Amherst-Cheektowaga-Tonawanda Consortium. Those that did not attend were contacted by telephone. Most

of the information that follows was prepared by the respective organization with some reorganization and editing. Unless otherwise noted information applies to all of Erie County.

### **Needs of Persons with Special Disabilities**

There are presently 1,105 beds in 164 licensed community residential facilities in the HOME Consortium to serve individuals with developmental disabilities. The vast majority of these 164 residences are single family homes that provide housing and supportive services to six or less persons per home.

In August of 1998, New York governor George E. Pataki introduced his initiative known as NYS-CARES (Creating Alternative Residential Environments and Services), a five year plan to virtually eliminate the waitlist for out of home residential services and supports for individuals with developmental disabilities in New York State. This covenant with the families has now been extended for an additional ten years after the initial five years of NYS-CARES exceed its initial goal by affording more than 9,000 people with placement opportunities.

### **Priority Needs of Persons with Special Disabilities**

At the present time, there are approximately 200 individuals over the age of 13 who live in the municipalities that are members of the Erie County Consortium who have developmental disabilities and have an identified need for an out of home residential alternative in the next five years. Of those 200 persons, it is projected that approximately 140 of them will be able to be accommodated in vacancies that arise in existing community residential facilities for people with developmental disabilities over the next five year period. Therefore, new housing will have to be developed to meet the needs of 60 people on the waitlist.

The New York State Office of Mental Retardation and Developmental Disabilities estimates that the cost of housing for 60 individuals, at an average projected cost of \$43,300 per person is \$2.6 million.

### **Specific Objectives for Special Needs Population**

The Western NY Developmental Disabilities Services Office has indicated that housing for 60 individuals over the next five years is a reasonable goal. This would be accomplished with annual average production of 12 units per year.

## **Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)**

\*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.  
\*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.
2. Identify the priority housing and supportive service needs of persons who are not homeless but require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.
3. Describe the basis for assigning the priority given to each category of priority needs.
4. Identify any obstacles to meeting underserved needs.
5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.
6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

3-5 Year Non-homeless Special Needs Analysis response:

### **Persons with Severe Mental Illness**

#### **Needs of Persons with Severe Mental Illness**

The need for scattered site apartments in the community continues to increase. While our current estimate of unmet need is 350 units, we estimate an additional 236 individuals being discharged from licensed housing, the Emergency Hostel or entering the Single Point of Entry for Care Coordination will need housing in the community annually. In addition, the possible closure of an Adult Home serving approximately 70 seriously mentally ill individuals could result in the need for additional capacity.

The Mental Health System refers to scattered site housing in the community that includes both rental assistance and supports as Supported housing. Supported Housing is the housing of preference for many



individuals with serious mental illness but also the level of housing with the longest waiting lists. We found that access was often restricted for persons in the greatest need for this level of support. These individuals are often being served through the Single Point of Entry for Care Coordination (SPOE).

The Erie County Department of Mental Health has recently implemented a Centralized Housing Placement System for Supported Housing (CHPS). The CHPS has focused on insuring appropriate and timely Supported Housing referral processing and provider assignment through the Single Point of Entry based on system resources, SPOE prioritization, and consumer choice. Additionally, the CHPS has worked to encourage a process of collaboration and communication between Care Coordination, Housing Providers and CHPS regarding the service plan and housing resources required by each individual at the time of placement and during the provision of housing services. While the CHPS has helped to improve access to Supported Housing for persons in greatest need.

The Department has been criticized for restricting access to Supported Housing to those in greatest need. While the CHPS process includes a prioritization process to accommodate those individuals with less intensive needs, our system does not have an adequate Supported Housing capacity to reach those individuals. The Department recognizes that housing supports are also needed for seriously mentally ill individuals and individuals with co-occurring disorders who are not in the Single Point of Entry. The supports needed usually range from only a rental stipend to rental stipend, case management, and rehabilitation services.

Access to short-term housing continues to be an issue in Erie County. Individuals may not be able to access traditional homeless shelters for a variety of reasons such as a lack of perceived safety to a lack of supportive services in shelters. As a result they are sometimes living in a variety of transitional arrangements prior to placement in a more long-term environment.

Access to housing continues to be a problem for individuals with serious mental illness and co-occurring disorders who have experience in the criminal justice system. A task force has been meeting to address this issue, and to propose approaches to meeting their needs.

### **Priority Needs of Persons with Severe Mental Illness**

The following priority needs have been identified:

- More Supported Housing;
- More permanent housing with stipends, including increased access to Section 8 vouchers;
- Supports that may be necessary for individuals to stay in or obtain housing such as flexible funding to broker supports and funding to pay security deposits;

- Housing for homeless individuals with serious mental illness, both with and without co-occurring disorders;
- Single Room Occupancy housing
- Transitional and Temporary Housing and;
- Short-term crisis housing.

**Specific Objectives for Persons with Severe Mental Illness**

An additional Supported Single Room Occupancy (SRO) facility is in the planning stages. The New York State Office of Mental Health will be providing 7.5 million dollars in capital and \$10,000 annually for operating costs to support this initiative. This SRO is will be developed by the New York State Office of Mental Health, the Erie County Department of Mental Health, and Living Opportunities of DePaul. Referrals will come from the Buffalo Psychiatric Center, acute care inpatient units at the Erie County Medical Center and Kaleida, from the Single Point of Entry for Care Coordination (SPOE), other licensed housing programs and from the community.

**c. Persons with Alcohol or Other Drug Addictions**

**Needs of Persons with Alcohol or Other Drug Addictions**

The Office of Alcohol & Substance Abuse Services (OASAS) reports 138 Supportive Living beds in Erie County, though makes no forecasts regarding supportive housing need/demand. Additional Supportive Housing capacity available for Chemically Dependent/Mentally Ill Chemical Abusers (CD/MICA) under HUD funding is up to 75 beds (see following for details re: HUD capacity for chemical dependency).

In November 2003, the Erie County Commission on Homelessness authored and distributed a report entitled: *Understanding Homelessness: A Report to the Community*. As indicated in the report the largest populations of unaccompanied individuals who seek admission at Emergency Shelters in descending order of frequency are estimated to be: 1) Abusers of substances-including alcohol and other drugs; 2) Mentally Ill Chemical Abusers; and 3) the Mentally Ill.

**Priority Needs of Persons with Alcohol or Other Drug Addictions**

The Erie County Department of Mental Health responded to the Commission's 2003 Gap Analysis by submitting an application for and subsequently being awarded a 3-year period. These funds are earmarked for the development of sixty (60) supportive housing grant from the HUD for an amount in excess of \$1.7 million dollars. Forty (40) of these beds will be targeted to those homeless individuals who meet the Department's Single Point of Entry eligibility criteria and who are either chemically addicted and/or have a mental health diagnosis, while another twenty (20) slots will be targeted as step down level of care for those individuals being

discharged from a newly opened Congregate Care setting for Homeless individuals with the co-occurring disorders of mental illness and chemical dependency.

Additionally, in September 2003, a residence for homeless Mentally Ill Chemical Abusers (MICA) consumers became operational. Financed with funding from HUD and the NYS Office of Mental Health the residence serves fifteen (15) homeless MICA residents in a congregate care setting. This project is a culmination of over ten (10) years of persistent collaboration and involved a major renovation of a largely vacant, historically significant building located in a distressed City of Buffalo neighborhood.

**Specific Objectives for Persons with Alcohol or Other Drug Addictions**

As noted in (b) above Erie County Mental Health Department has been awarded funds for a 3-year period. These funds include development of a sixty (60) supportive housing beds grant from HUD.

**d. Elderly and Frail Elderly Persons**

**Needs of Elderly and Frail Elderly Persons**

Current Erie County data gives us a snapshot of an older adult population living longer and preferring to do so in their own homes. And while our county's overall population has been steadily decreasing over the past decade, the *oldest* old have actually increased in numbers. According to "Project 2015: The Future of Aging in New York State, NYS Office for the Aging, 2000", projections show that by 2015 the eighty-five + age group will increase in populace by seventy-three percent. Despite their vitality, half of these older adults have one or more disabilities, making it more complicated to live independently and necessary to rely on supportive services in the community.

In the past ten years, the rate of people moving away from the city has increased as well. In 1990, thirty-two percent of seniors lived within the City of Buffalo. Today, seventy-three percent of seniors live in towns and villages outside the City, only twenty-six percent live in Buffalo. Add to this a younger adult population moving away to retirement or jobs elsewhere and you begin to see the look of an aging county. It is projected that by the year 2015, almost one in four Erie County residents will be 60 years of age or older.

One of the consequences of our out-migration is its effect on the fabric of our communities. Among other things, it depletes one of our most valuable resources, our community caregivers. Within established communities, residents who are raising or have finished growing their families, businesses and careers may, over time, take on small chores and errands for those around them. Community caregivers bring in the mail, remember birthdays, run to the store, carry heavy garbage cans and provide

transportation. As these individuals move out, they leave a void that may become a gap in service delivery.

**Priority Needs of Elderly and Frail Elderly**

To keep our older adults independent, vital and healthy we need to provide communities with ongoing opportunities for capacity building through which they can maintain autonomy and create natural linkages to informal and formal supportive services.

As the Area Agency on Aging, it is the role of the Department of Senior Services to advocate on behalf of older persons by monitoring, evaluating, and commenting on policies, programs and community actions which affect the elderly; by representing the interests and concerns of the elderly to public officials and others; and by coordinating planning with other agencies and organizations to promote new and expanded benefits and opportunities. All Department activities on behalf of the elderly are intended to improve service coordination, to reduce confusion, fragmentation or duplication in service delivery, or to improve utilization and effectiveness in the services provided.

Professionals dealing with the aging are obliged to find ways to bring more services to communities where these trends already exist. Doing so may circumvent some costly and undesirable outcomes, such as inappropriate hospitalizations and premature nursing home placement.

**Specific Objectives for Elderly and Frail Elderly**

Specific objectives for the elderly and frail elderly shown in Table 1B are the same as those shown for the elderly in Table 2A. Elderly and frail elderly as a special population are concurrently part of the general population that is normally identified and serviced as component of all housing objectives for low and moderate households.

**e. Persons with Physical Disabilities**

The Erie County Office for the Disabled estimates that 15 percent of the population has some form of has a physical disability. Housing for this population varies from those living in housing occupied by the general population to institutional housing, supportive housing, group homes and single-family homes made accessible for the disabled. Many people with physical disabilities are in need of suitable, affordable housing and supportive services. The Erie County Office for the Disabled is primarily a coordination organization to respond to calls from the disabled. It does not provide information on the overall housing needs of those who are physically handicapped.

One of the organizations that services persons with physical disabilities is the Olmsted Center for the Visually Impaired. They have three housing developments in Erie County, all in the City of Buffalo. They are Austin Manor, Gratwick Manor and Bawny Housing. Each has 24 units, including

20 one-bedroom units and 4 two-bedroom units. They are currently working with New York State housing to rehab a former Catholic school in Cheektowaga into a 24 unit housing development.

Olmsted Center has pursued and developed this housing through its own initiative.

f. **Persons with HIV/AIDS**

**Needs of Persons with HIV/AIDS**

There is little data available reflecting the special housing needs of persons living with HIV/AIDS (PLWHAs). NYS law maintains strict confidentiality practices prohibiting disclosure without written patient/client release forms. Data reported is extracted from Center for Disease Control (CDC), New York State Department of Health AIDS Institute (NYS DOH AI) and the AIDS Network of Western New York, Inc. There is the added difficulty presented by the HIV/AIDS mortality rate. Statistical information is skewed by deaths that may or may not be included in available statistics.

The estimated number of living individuals in Western New York infected with HIV/AIDS is 4,701 (AIDS Network of WNY, Inc., 2002). The AIDS Network of WNY, Inc. consumer survey (2004) indicates 17 percent of those sampled were homeless or at risk of homelessness during a six-month period. If this sampling is reflective of the total WNY population, 17 percent of the total HIV/AIDS population, 799 individuals, were homeless or at risk of being homeless at some point during the six-month sample time period. Given the increasing number of HIV/AIDS diagnoses, compounded with presented multiple diagnoses, we can only anticipate increased complications in meeting special housing needs within the community.

It is important to recognize that some of the data submitted in this report reflects only AIDS data - limited statistical information represents those infected with HIV. HIV, Human Immunodeficiency Virus, is the virus that causes AIDS. This is an important distinction as most HIV-positive persons (those not diagnosed as having AIDS) do not necessarily require specialized housing services due to their HIV diagnosis. There may be multiple diagnoses and/or other presenting issues that might require housing or supportive housing services. However, those struggling with AIDS diagnosis are at a far-advanced stage than those who are HIV-positive. The needs of these persons, especially housing needs, are generally far more complicated than those who are HIV-positive.

*(1) Extent of HIV/AIDS Infection*

The New York State Department of Health AIDS Institute recent data, December 2001, shows there are 1,332 reported cases of persons living with HIV/AIDS in the Western New York region. The number of individuals infected with HIV/AIDS is estimated to be 4,701 (2002).

This does not include household members who are affected by HIV/AIDS.

In recent years, the number of AIDS cases has fallen due to the advent of powerful combination drug therapies, but infection with HIV has continued at previously high rates. Newly diagnosed cases of HIV/AIDS in 2001 reflect a demographic profile of 66 percent male and 34 percent female. 71 percent of the newly diagnosed cases are age 30-49, 17 percent over age 50, and 12 percent age 0-29. Individual race/ethnicity is 49 percent African American, 34 percent Caucasian, 14 percent Hispanic, 2 percent Native American and >2 percent Other/Unknown. Risk factors are reported as 35 percent heterosexual contact, 32 percent men who have sex with men, 19 percent intravenous drug use and 14 percent other or unknown risk.

*(2) Living HIV/AIDS Case Data in Erie County by Municipality*

The following table reflects the New York State reported presumed living HIV/AIDS cases in Erie County by municipality and includes diagnosed cases through December 31, 2002. It is important to note, that this data is reflective only of reported cases diagnosed within that municipality. Individuals diagnosed outside of the listed city would not be accounted for in that city's numbers. The data does not reflect those moving to the listed city from somewhere else, or those who no longer reside there. It is also important to note that only cities reporting three or more cases are included in the table. The data does not include those individuals who do not know their HIV status or who have tested anonymously and have decided not to seek care/treatment at this time.

<b>City at HIV/AIDS Cases</b>	<b>Diagnosis Number</b>	<b>of Presumed</b>	<b>Living</b>
Alden	9		
Amherst	13		
Angola	4		
Blasdell	3		
Buffalo	970		
Cheektowaga	20		
Clarence	3		
Depew	8		
Grand Island	7		
Hamburg	12		
Kenmore	8		
Lackawanna	9		
Lancaster	11		
Tonawanda	22		
West Seneca	8		

(3) *Cumulative HIV/AIDS Case Data in the Western New York Region*

<u>Race/Ethnicity</u>	<u>Percentage</u>
White	45.4%
Black	42.3%
Hispanic	11.0%
Asian/Pacific	0.4%
Native American	0.4%
<u>Not reported</u>	<u>0.5%</u>
Total:	100.0%

As evident above, minorities account for 54.1 percent of the cumulative diagnosed HIV/AIDS cases and 52 percent of the newly diagnosed cases, but represent less than 9 percent of the total Western NY population.

<u>Gender</u>	<u>Percentage</u>
Male	78.9%
<u>Female</u>	<u>21.1%</u>
Total	100.0%

Women comprise approximately 21 percent of cumulative reported AIDS cases in Western New York, but in 2002 represented approximately 34 percent of the newly diagnosed HIV/AIDS cases in the region.

(4) *2004 Persons Living with HIV/AIDS Consumer Survey*

The AIDS Network of Western New York, Inc. recently (2004) completed a sample survey of 309 persons living with HIV/AIDS in Western New York (approximately 6.5 percent of all those living with HIV/AIDS in the region). Of those individuals surveyed, the sampling closely echoes statistics provided nationally and by New York State:

<u>Ethnicity/Race</u>	<u>%</u>	<u>Annual Income</u>	<u>%</u>
White	39%	>\$8,000	39%
African American	41%	\$8-15,000	24%
Hispanic	12%	\$15-20,000	19%
Native American	1%	\$20,000+	18%
Other	7%		

*Most Serious Problems*

<u>Percentage</u>	<u>Problem</u>
64%	Treated for depression, excessive worrying, emotional concerns or attempted suicide

63%	Reflect an annual income of under \$15,000
54%	Unemployed
43%	Stopped working because of their HIV status
35%	Inadequate, unsafe housing
27%	Missed medical appointment due to transportation problems
17%	Homeless

(5) *HIV/AIDS Complications Resulting in Homelessness*

Because HIV is a disease that causes the immune system to deteriorate, there are three sub-populations that need to be evaluated when developing special-need housing options.

- (i) **Non-Traditional Homeless:** Since the onset of HIV/AIDS diagnoses in the early 1980's, those infected could not be categorized as typical of the chronically homeless. This non-traditional form of homelessness was the majority of cases presented prior to the mid-1990's. Most of these persons were employed and managed private-sector housing without difficulty. The nature of their disease manifests in their inability to work due to deteriorated health status. Obviously, if one cannot maintain stable employment/income, one cannot usually maintain housing. As health deteriorates, the ability to sustain private sector housing deteriorates cyclically. This population remains in need, but the numbers are decreasing dramatically. Profiling the Benedict House census, 95 percent of residents were non-traditionally homeless through the mid-1990's as opposed to 10 percent of the current Benedict House population.
- (ii) **Chronically Homeless:** The data suggests that HIV is increasing in populations of Black women, Latino communities, people infected through heterosexual sex, and young people 13-24 years. The most recent wave of infection reflects lower-income, under-educated, developmentally-disabled, mentally-ill, substance-abusing individuals and other populations profiled by those traditionally vulnerable to homelessness. Developing housing options for the chronically homeless, complicating symptomology with HIV/AIDS creates quite a challenge. The numbers of this population have increased dramatically. Again, profiling the current census of Benedict House samples 83 percent of its residents presenting multiple diagnoses.
- (iii) **Dependent Family Members:** When the primary provider or caregiver of a household contracts HIV/AIDS, the entire family structure is vulnerable. The emotional and physical demands of this disease compounds family stability, coupled with the loss of income. Often families cannot financially sustain themselves and are forced into transitional housing situations in a best case.



Treatment advances prolong life; however they also extend problems encountered by the entire family.

*(6) Current Available Housing Options for HIV/AIDS*

While shelters provide basic environmental protection and limited supportive services (meals, basic medical services, etc.) the needs of persons living with (HIV/AIDS) are complicated. Since HIV affects the immune system, environmental factors play a dynamic role in maintaining health. The climate of WNY requires protection during the day equal to that of night. Medications must be administered in concert with specific nutritional requirements. The complexities of treatment are much more effective when monitored by specialized primary care providers, thereby reducing incidents of increased hospitalization. Specialized primary care improves quality of life, but it can also benefit public health in reducing hospitalization and rates of infection. The AIDS Network of Western New York Data Collection reports that approximately 69 percent of those estimated to be living with HIV/AIDS in the region are not receiving HIV/AIDS primary medical care services.

Persons living with HIV/AIDS currently have four public housing programs in Erie County designed to meet these very special needs. These providers are working with the AIDS Network of Western New York, Inc. to ensure non-duplication of service and improved development and use of the HIV/AIDS continuum of care.

- (i) Short Term Assistance Fund (AIDS Community Services of WNY, Inc.): Limited financial assistance is available to assist with utility, rental and security deposit costs. These funds are limited and may be used primarily for emergency situations only. They are not available for extended assistance.
- (ii) Housing Assistance Program (AIDS Community Services of WNY, Inc.): This program provides rental subsidies to low-income persons living with HIV/AIDS to assist in maintaining their housing status and prevent homelessness. Again, funds are extremely limited, targeted to those most at risk of homelessness.
- (iii) Emergency Housing Program (American Red Cross-Greater Buffalo Chapter): This program provides emergency rental and utility subsidies and helps with security deposits. These funds are limited and may be used primarily for emergency situations only. They are not available for extended assistance.
- (iv) Congregate Housing (Benedict House of WNY, Inc.): This 34 bed

facility is currently the only program dedicated to providing comprehensive housing and supportive services to persons living with AIDS in Erie County. Benedict House does not provide housing to persons who are solely HIV positive or services to those actively engaged in criminal or drug-related behaviors.

With appropriate non-HIV/AIDS medical diagnoses, HIV/AIDS homeless individuals may qualify for placement in traditional institutionalized settings, such as Adult Care facilities, Assisted Living or Enriched Housing Programs. HIV/AIDS diagnoses may provide access to Sub-acute Care Nursing Homes, Nursing Homes or in-patient hospitalization. Again, these options are a very expensive way to deal with homelessness and applicants must meet rigorous criteria essentially designed for geriatric patients - not homeless individuals with complicated multiple diagnoses.

#### *(7) Anticipated Housing Needs*

The 2003 Service Delivery Plan Update prepared by the AIDS Network of Western New York identifies housing as one of the top five prioritized service needs for people living with HIV/AIDS in Western New York. The report identifies that there is a lack of safe, affordable and stable housing in the region. This influences consumer ability to access the multiple HIV related medical and support services that are necessary to stabilize health and achieve independence.

There are a variety of issues that need to be addressed in developing housing opportunities consistent with the specialized needs related to HIV/AIDS. The current and anticipated populations infected/affected will have the same needs of the general homeless population. The following needs compound their specialized housing requirements:

- (i) Sanitation: Although this is an essential element for all housing, sanitation is a heightened requirement for individuals who have deteriorating immune systems. Illnesses such as the common cold or flu can result in pneumonia, which can in turn lead to death for a person living with HIV/AIDS.
- (ii) Accessibility: Advances in treatment of HIV/AIDS have been highly successful; however, they often result in prolonging life with added disabilities. A sampling of residents living in a congregate setting for PLWAs (Benedict House) in 2003 indicates that 50 percent have suffered strokes, lesions on the brain, blindness, or unsteady gate resulting in the need for assistance with walking, such as wheelchair, walker, cane, and other physical assistance.

- (iii) Security: Chronic health-related disabilities often render individuals frail and easily victimized.
- (iv) Supportive Services: In advance stages, AIDS often presents chronic medical conditions making it impossible for individuals to manage daily tasks of living, shopping, laundry, food preparation etc. Even if meals and medications are delivered to the home, persons living with AIDS are often unable to go to the door. While in most cases this is not a chronic problem, frequency of impaired independent living skills is sporadic, and generally increases over time as the disease advances. This is generally only an issue with an HIV-positive diagnosis if there are other presenting problems.
- (v) Medical Accessibility and Transportation: Outer-city, suburban and rural residents are often hospitalized if transportation and medical services are inadequate, thereby increasing costs of medical care.
- (vi) Multiple Diagnoses: Adequate statistics are unavailable; however, Erie County Medical Center anecdotally estimates multiple diagnoses to exist in 60 percent of their current 1,050-person caseload. The current census of Benedict House samples 85 percent of its residents presenting multiple diagnoses. Dual, triple, even quadruple diagnoses are now becoming the norm.

The costs related to developing housing options for persons living with HIV/AIDS need to be examined closely. The incorporation of specialized services listed above need to be considered, as national statistics exist for the following:

Homeless Shelter	\$24,000/year/client
Detention (Prison)	\$70,000/year/inmate
Psychiatric	\$128,000/year/patient

Obviously, these three options may address a singular component of need with respect to persons living with HIV/AIDS, but the use of any of these traditional settings would fall short and require duplicate services from additional providers. Given that infection control is essential in reducing public health liability, creating appropriate supportive housing options will ultimately reduce costs affiliated with HIV/AIDS.

#### **Priority Needs of Persons with HIV/AIDS**

As noted above, the 2003 Service Delivery Plan Update prepared by the AIDS Network of Western New York identifies housing as one of the top five prioritized service needs for people living with HIV/AIDS in Western New York. The report identifies that there is a lack of safe, affordable and stable housing in the region. This influences consumer

ability to access the multiple HIV related medical and support services that are necessary to stabilize health and achieve independence.

**Specific Objectives for Persons with HIV/AIDS**

As part of the consultation process, Benedict House identified a need for bed housing spaces for persons with HIV/AIDS. There are no known plans to address this objective at this time.

Figure 12  
Inventory of Housing for Developmentally Disabled - Erie County HOME Consortium

<b>Locality</b>	<b>Type</b>	<b>Sponsor</b>	<b>Address</b>	<b># People</b>
Akron	IRA	People Inc.	39 Bloomingdale	10
Alden	IRA	WNY DDSO	13140 West Main	11
	IRA	WNY DDSO	1515 Westcott	6
Angola	IRA	Claddagh	3 Bartus Lane	3
	IRA	Claddagh	9 Forest Avenue	5
	IRA	Claddagh	92 Miller Drive	3
	IRA	People Inc.	51 Pleasant Avenue	3
	IRA	WNY DDSO	9 Stellane Drive	5
Aurora	IRA	SASI	690 Porterville	6
	IRA	WNY DDSO	785 Quaker Road	5
Boston	ICF	People Inc.	8169 Boston Street	10
	IRA	People Inc.	5699 Mill Street	6
Clarence	IRA	Erie ARC	8300 Sheridan Road	10
	IRA	People Inc.	8080 Northfield	6
	IRA	People Inc.	8125 County Road	6
	IRA	People Inc.	9905 Brauer Road	12
Colden	IRA	WNY DDSO	10158 Crump Road	8
Collins	IRA	WNY DDSO	2044 Dana Drive	8
	IRA	WNY DDSO	14300 School Street	4
	IRA	WNY DDSO	15329 S. Quaker	5
	IRA	WNY DDSO	15396 Unger Road	4
Concord	IRA	WNY DDSO	5866 Route 39	5
Depew	IRA	SASI	69 Litchfield Street	10
	IRA	Aspire	569 Rowley Road	12
	IRA	WNY DDSO	324 Enez	6
	Suppapt Workshop/DTX	People Inc.	134 Sawyer Road	3
East Aurora	IRA	Erie ARC	290 Cazenovia	8
	IRA	Erie ARC	120 S. Willow Street	5
	IRA	People Inc.	324 Center Street	11
	IRA	People Inc.	538 Main Street	10
Eden	IRA	WNY DDSO	2816 Florence	5
	IRA	WNY DDSO	8197 Schreiner	6
	IRA	WNY DDSO	2918 George Street	7
Elma	IRA	People Inc.	700 Bowen Road	10
	IRA	SASI	330 N. Blossom Road	5
	IRA	People Inc.	6881 Seneca Street	6
Evans	CR	Claddagh	7200 Lake Shore	13
	IRA	Claddagh	793 Bennett Road	5
	IRA	Claddagh	10 Mariano Parkway	1

	IRA	Claddagh	110 North Lane	6
	IRA	Claddagh	6545 Old Lake Shore Road	3
	IRA	Claddagh	6547 Old Lake Shore Road	3

*Figure 12 continued*

<b>Locality</b>	<b>Type</b>	<b>Sponsor</b>	<b>Address</b>	<b># People</b>
Evans	IRA	Claddagh	7200 Old Lake Shore Road	6
(continued )	IRA	Claddagh	7202 Old Lake Shore Road	5
	IRA	Claddagh	7204 Old Lake Shore Road	6
	IRA	Claddagh	958 Sturgeon Point	5
	IRA	Claddagh	6652 Willington	4
	IRA	SASI	404 Herr Road	8
	IRA	People Inc.	1159 Eden-Evans	10
	IRA	WNY DDSO	1055 Sturgeon Point	6
	IRA	WNY DDSO	172 Lake Avenue	4
Farnham	IRA	Claddagh	482 Detroit	4
	IRA	People Inc.	10475 Erie Road	10
Gowanda	IRA	WNY DDSO	328 Buffalo Street	8
	IRA	WNY DDSO	41 Erie Avenue	8
Grand Island	ICF	People Inc.	2437 Long Road	10
	IRA	Erie ARC	1360 Baseline	8
	IRA	People Inc.	5370 E. River Road	5
	IRA	People Inc.	3294 Staley Road	6
	IRA	People Inc.	1451 Whitehaven	10
	IRA	Heritage Christian	2982 Stony Point	6
Hamburg –	IRA	People Inc.	4968 Clark Street	12
Town	IRA	People Inc.	5254 Roberts Road	10
	IRA	Baker Victory	3580 Sowles Road	3
	IRA	Baker Victory	3011 Lakeview Road	6
	IRA	Claddagh	6007 Shoreham Drive	4
	IRA	Erie ARC	4348 Clark Street	10
	IRA	Erie ARC	4369 McKinley Parkway	5
	IRA	Heritage Christian	5570 S. Park Avenue	8
	IRA	People Inc.	5989 Old Lakeshore	4
	IRA	People Inc.	6191 McKinley	6

			Parkway	
	IRA	Aspire	4559 Highland	6
	IRA	WNY DDSO	302 Dartmouth	4
	IRA	WNY DDSO	4118 Sowles Road	7
	IRA	WNY DDSO	6717 Taylor Road	6
	IRA	WNY DDSO	2065 Lakeview	6
	IRA	WNY DDSO	4888 Big Tree	6
	IRA	WNY DDSO	5891 Dover Drive	7
	IRA	WNY DDSO	5368 Ontario Street	1
	IRA	WNY DDSO	2240 Lakeview Road	8
	IRA	WNY DDSO	4250 Loran Avenue	6
Hamburg	IRA	People Inc.	168-170 Main Street	12
Village	IRA	Aspire	137 Holiday Lane	14
	IRA	Erie ARC	20 Browning Drive	10

**Figure 12 continued**

<b>Locality</b>	<b>Type</b>	<b>Sponsor</b>	<b>Address</b>	<b># People</b>
Holland	IRA	WNY DDSO	60 Legion Drive	6
	IRA	SASI	11163 Darien Road	6
Lackawanna	ICF	Baker Victory	170 Martin Road	12
	ICF	Baker Victory	188 Martin Road	12
	ICF	Baker Victory	790 Ridge Road	19
	IRA	Baker Victory	41 Palm Street	6
	IRA	Baker Victory	5 W. Elmview	5
	IRA	Baker Victory	18 North Lane	6
	IRA	CSDD	24 Eagan Drive	6
	IRA	CSDD	260 Victory Avenue	6
	IRA	People Inc.	2199 Abbott Road	10
Lancaster	IRA	Autistic Services	22 Wainwright	5
Town	IRA	Baker Victory	1140 Ransom Road	6
	IRA	Baker Victory	1138 Ransom Road	6
	IRA	Erie ARC	4000 Walden Avenue	10
	IRA	Erie ARC	5340 William Street	8
	IRA	People Inc.	412 Central Avenue	8
	IRA	People Inc.	96 Pleasantview	2
	IRA	People Inc.	96 Pleasantview	10
	IRA	Aspire	4 Cider Mill	6
	IRA	Aspire	4042 Walden Avenue	6
	IRA	WNY DDSO	3736 Bowen Road	5
	IRA	WNY DDSO	3650 Walden Avenue	7
	IRA	WNY DDSO	81 Steinfeldt Road	7
	IRA	Aspire	2663 Wehrle Drive	7
	IRA	Southeast	117 Iroquois Avenue	6
Lancaster	IRA	Aspire	23 Oxford	5

– V				
North Collins	IRA	WNY DDSO	10693 Sisson	8
	IRA	WNY DDSO	2003 Orchard	8
	IRA	WNY DDSO	2075 Sherman	4
Orchard Park	ICF	People Inc.	3690 Eggert Road	10
	ICF	People Inc.	4080 Old Transit	12
	IRA	Erie ARC	6276 Boston Road	9
	IRA	Hillside	4550 Abbott Road	6
	IRA	Phoenix	5345 Armor Duells Road	5
	IRA	WNY DDSO	104 Philson Drive	8
	IRA	WNY DDSO	4504 California	7
	IRA	WNY DDSO	78848 Milestrip Road	4
	IRA	WNY DDSO	200 Velore Drive	6
	IRA	WNY DDSO	3232 Baker Road	8
	IRA	WNY DDSO	6566 Milestrip Road	7

**Figure 12 continued**

<b>Locality</b>	<b>Type</b>	<b>Sponsor</b>	<b>Address</b>	<b># People</b>
Sardinia	IRA	SASI	13333 Schutt Road	12
	IRA	SASI	1335 Schutt Road	8
	IRA	SASI	10220 Genesee Road	7
	IRA	WNY DDSO	12389 Olean Road	13
	IRA	WNY DDSO	12400 Springville	9
Springville	IRA	WNY DDSO	200 East Avenue	6
	IRA	WNY DDSO	366 West Main Street	1
	IRA	WNY DDSO	510 West Main Street	13
Tonawanda-	IRA	Heritage Christian	172 Main Street	3
City	IRA	People Inc.	395 Delaware Street	4
	IRA	WNY DDSO	173 Fletcher Street	9
	IRA	CSDD	506 Delaware Avenue	6
West Seneca	ICF	WNY DDSO	1190 East & West Road	4
	ICF	WNY DDSO	1278 East & West Road	7
	ICF	WNY DDSO	510 Leydecker	5
	ICF	WNY DDSO	540 Leydecker	6
	ICF	WNY DDSO	854 Leydecker	6
	ICF	WNY DDSO	880 Leydecker	5
	IRA	People Inc.	1300 East & West Road	3



	IRA	People Inc.	1440 East & West Road	3
	IRA	Aspire	4245 Seneca Street	6
	IRA	Aspire	1180 East & West Road	3
	IRA	Aspire	1640 East & West Road	3
	IRA	WNY DDSO	34 Barnett Drive	5
	IRA	WNY DDSO	83 Dover Drive	4
	IRA	WNY DDSO	331 Center Road	4
	IRA	WNY DDSO	97 Bernadette	4
	IRA	WNY DDSO	24 Heather Hill	8
	IRA	People Inc.	169 Sky-Hi Drive	7
	IRA	People Inc.	560 Harlem Road	8
	IRA	Southeast	401 Lein Road	6

Table 1B

**Special Needs Populations**

<b>SPECIAL NEEDS SUBPOPULATIONS</b>	<b>Priority Need Level *</b>	<b>Unmet Need</b>	<b>Dollars to Address Unmet Need</b>	<b>Goals</b>
Elderly	H	543	\$32,580,000	100 units
Frail Elderly	H	1,007	\$60,420,000	100 units
Severe Mental Illness	H	133	\$3,895,000	25 units
Developmentally Disabled	H	60	\$2,600,000	25 units
Physically Disabled	M	75	\$4,500,000	25 units
Persons w/ Alcohol/Other Drug Addictions	M	369	\$23,265,000	20 units
Persons w/HIV/AIDS	M	50	\$1,500,000	10 units
Other				
<b>TOTAL</b>		2,237	\$128,760,000	305 units

\*Key: Priority Need Level: H=High, M=Medium, L=Low, NA=No Such Need

Unmet need for the elderly, frail elderly, severe mental illness and persons with alcohol and other drug addictions have been calculated at 38 percent of the County-wide total since the population of the Erie County Consortium is 38 percent of the County's population.

**Table 1C**  
**Summary of Specific Special Needs Objectives**

<b>Obj #</b>	<b>Specific Objectives: Special Needs</b>	<b>Performance Measure</b>	<b>Expected Units</b>	<b>Actual Units</b>
<b>1</b>	Within the next five years the County will work with housing providers, developers and agencies that serve persons with developmental disabilities to develop supportive housing for persons with developmental disabilities.	<ul style="list-style-type: none"> <li>Develop supportive housing for persons with developmental disabilities</li> </ul>	25 units	
<b>2</b>	Over the next five years the County shall provide financial support to develop housing for elderly and the frail elderly.	<ul style="list-style-type: none"> <li>Provide CHDO funds to CHDOs for the elderly and the frail elderly supportive housing.</li> </ul>	200 units	
<b>3</b>	Over the next five years the County will work with housing providers for persons with severe mental illness to create scattered site supportive housing in the Consortium communities for this special needs population.	<ul style="list-style-type: none"> <li>Scattered site supportive housing units for persons with severe mental illness.</li> </ul>	25 units	
<b>4</b>	During the next five years the County, through the County of Erie Department of Mental Health will work with housing providers for persons with alcohol and other drug addictions to provide permanent supportive housing in the Consortium communities for person with alcohol and other drug addictions.	<ul style="list-style-type: none"> <li>Provide supportive housing units in the Consortium communities for persons with alcohol and other drug addictions.</li> </ul>	20 units	
<b>5</b>	Over the next five years the County will work with housing providers for persons diagnosed with HIV/AIDS to create suitable housing options in the Consortium communities	<ul style="list-style-type: none"> <li>Housing for persons diagnosed with HIV/AIDS.</li> </ul>	10 units	
<b>6</b>	Over the next five years the	<ul style="list-style-type: none"> <li>Housing for</li> </ul>	25 units	

	County will work with housing providers for persons with physical disabilities to develop housing to meet the needs of persons with a physical disability.	persons with physical disabilities.		
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## Housing Opportunities for People with AIDS (HOPWA)

\*Please also refer to the HOPWA Table in the Needs.xls workbook.

1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.
2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.
5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in

order to ensure compliance by project sponsors of the requirements of the program.

6. The Plan includes the certifications relevant to the HOPWA Program.

3-5 Year Strategic Plan HOPWA response:

N/A- Not eligible for HOPWA Funds.

### **Specific HOPWA Objectives**

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Specific HOPWA Objectives response:

N/A- Not eligible for HOPWA Funds.

## **OTHER NARRATIVE**

Include any Strategic Plan information that was not covered by a narrative in any other section.